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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

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

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] 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
MID-ATLANTIC INTERMEDIATE 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

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)
ELEMENT DENTAL PARTNERS, LLC
MID-ATLANTIC DENTAL PARTNERS

6700 PINCREST
SUITE 150
PLANO, TX 75024

2b Employer Identification Number (EIN) 47-5036986

2c Plan Sponsor's telephone number 216-584-1811

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.	09/14/2023	ROBERT EISEN
	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:

a Sponsor's name MID-ATLANTIC INTERMEDIATE, LLC

c Plan Name MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

4b EIN 47-5036986

4d PN 001

5	Total number of participants at the beginning of the plan year	1895
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	1795
a(2)	Total number of active participants at the end of the plan year	0
b	Retired or separated participants receiving benefits	0
c	Other retired or separated participants entitled to future benefits	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0
f	Total. Add lines **6d** and **6e**.	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	

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

2A 2E 2F 2G 2J 2K 3D 3B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
MID-ATLANTIC INTERMEDIATE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEMENT DENTAL PARTNERS, LLC

D Employer Identification Number (EIN)
47-5036986

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
PRINCIPAL LIFE INSURANCE 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
42-0127290	61271	531400	0	01/01/2022	01/18/2022

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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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. Specify nature of costs ▶	**6d**	

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
MID-ATLANTIC INTERMEDIATE 401(K) RETIREMENT PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ELEMENT DENTAL PARTNERS, LLC	47-5036986

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE ROAD
AUSTIN, TX 78746

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

MORELY FINANCIAL ADVISOR

1300 SW FIFTH AVENUE
SUITE 3300
PORTLAND, OR 97201

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

NATIXIS DISTRIBUTORS, L.P.

399 BOYLSTON STREET
BOSTON, MA 02116

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

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

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

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

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)

ADP, INC.

13-3036745

(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?
37 50 15 64 26 49 99	RECORD KEEPER	72784	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BERGIN, ROBERTS & CO. LLC

23-4567336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	INVESTMENT/ FINA ADVISORY	6368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	5196	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ADP BROKER-DEALER

22-3319984

(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?
60 59	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(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 [ ]

(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
ADP BROKER-DEALER	60 59	0

(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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(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.
NATIXIS DISTRIBUTORS, L.P. 399 BOYLSTON STREET BOSTON, MA 02116	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
MID-ATLANTIC INTERMEDIATE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ELEMENT DENTAL PARTNERS, LLC

D Employer Identification Number (EIN)
47-5036986

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-095	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274328-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE-25

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INV TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
MID-ATLANTIC INTERMEDIATE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEMENT DENTAL PARTNERS, LLC

D Employer Identification Number (EIN)
47-5036986

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)	49787	
(2) Participant contributions	1b(2)	84242	
(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)	85643	
(9) Value of interest in common/collective trusts	1c(9)	108555	
(10) Value of interest in pooled separate accounts	1c(10)	51402	
(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)	9949544	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10329173	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10329173	0

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)	1332557	
(B) Participants	2a(1)(B)	2739387	
(C) Others (including rollovers)	2a(1)(C)	532209	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4604153
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)	1775	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1775
(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)	127630	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		127630
(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)		-2066177
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2667381
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12817886	
(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)		12817886
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		100682
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	77986	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		77986
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12996554
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-10329173
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WINBRIDGE SBF, LTD **(2)** EIN: 87-4778872

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

		Yes	No	Amount
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		3000000
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	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
MID-ATLANTIC INTERMEDIATE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEMENT DENTAL PARTNERS, LLC

D Employer Identification Number (EIN)
47-5036986

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): 42-0127290 57-1198022

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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

PERIOD ENDED NOVEMBER 22, 2022 AND YEAR ENDED DECEMBER 31, 2021

(See Independent Auditor's Report)

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Mid-Atlantic Dental Partners 401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Mid-Atlantic Dental Partners 401(k) Retirement 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 statement of net assets in liquidation as of November 22, 2022, and the related statement of changes in net assets in liquidation for the period then ended, and for the year ended December 31, 2021 (ongoing) and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Mid-Atlantic Dental Partners 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the period ended November 22, 2022, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

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

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

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Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mid-Atlantic Dental Partners 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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.

Emphasis-of-Matter

As discussed in Note 1 to the financial statements, the Board of Directors of Mid-Atlantic Dental Partners, the Mid-Atlantic Dental Partners 401(k) Retirement Plan's sponsor, adopted a resolution to terminate the Plan effective June 20, 2022, and management determined liquidation is imminent. As a result, the Birner Dental Management Services, Inc. Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mid-Atlantic Dental Partners 401(k) Retirement 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.

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

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

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

Supplemental Schedules Required by ERISA

There were no assets held for investment as of November 22, 2022 due to the Plan termination. No supplemental schedules are applicable.

September 8, 2023

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION

NOVEMBER 22, 2022 AND DECEMBER 31, 2021

	2022	2021
ASSETS		
Investments at fair value:		
Mutual funds	$ -	$ **9,949,544**
Pooled separate account	-	**51,402**
Total investments, at fair value	-	**10,000,946**
Investments, at net asset value:		
Common collective trusts	-	**108,555**
Total Investments	-	**10,109,501**
Receivables:		
Contributions, employer	-	**49,787**
Contributions, participants	-	**84,242**
Notes receivable from participants	-	**85,643**
Total Receivables	-	**219,672**
Net assets available for benefits	$ -	$ **10,329,173**

See Notes to Financial Statements

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION

PERIOD BEGINNING JANAURY 1, 2022 AND ENDED NOVEMBER 22, 2022

Additions to net assets attributed to:		
Contributions:		
Employee	$	2,739,387
Employer		1,332,557
Rollovers		532,209
Total Contributions		4,604,153
Investment income:		
Net appreciation in fair value of investments		(2,066,176)
Dividends		127,630
Interest on notes receivable from participants		1,774
Total investment income		(1,936,772)
Total additions		2,667,381
Deductions from net assets attributed to:		
Benefits paid to participant		12,918,568
Administrative expenses		77,986
Total deductions		12,996,554
Net decrease		(10,329,173)
Net assets available for benefits:		
Beginning of year		10,329,173
End of year	$	-

See Notes to Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES

The following description of the Mid-Atlantic Dental Partners 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On May 2, 2022 Mid-Atlantic Dental Partners was acquired by Western Dental Services, Inc., a leading Dental Support Organization (DSO).

Plan Termination - The Company had the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. By unanimous consent of the Board of Director of the Sponsor, the Company agreed to terminate the Plan effective June 20, 2022 (the “Termination Date”). As of the termination date, no additional benefits accrued under the Plan and all Plan participants became fully vested in their respective account balances in the Plan.

A termination amendment was adopted and other amendments required for the Plan to satisfy the tax-qualification requirements of section 401(a) of the Internal Revenue Code of 1986, as amended. Beginning in October 2022, participants could rollover their account balances to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century Investments, as custodian. All assets of the plan were distributed to participants by November 22, 2022.

General - The Plan was a multiple-employer defined contribution 401(k) plan covering all employees of Mid-Atlantic Dental Services Holdings, LLC and its controlled group members.; Jeffrey L Taylor and Associates, PC., MADSH Services LLC; Michael S. Ayes, D.D.S., and Associates P.C. and Mid-Atlantic Dental Partners Delaware, Professional Association and other participating employers (collectively, the Company) who have completed 90 days of service and are age 21 or older, except those active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. as described below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Plan investments are participant directed.

Effective January 1, 2021, active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. were eligible to begin contributing to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Employees hired by those employers on or after January 1, 2021 had a six-month waiting period before becoming eligible to contribute to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Plan assets of the two entities were not transferred.

In February 2021, net assets of the Plan were transferred to Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company under a new custodial relationship.

In January 2022, net assets of the Plan were transferred from Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company to Reliance Trust Company under a new custodial relationship but remained net assets of the then-frozen DCP Equity Partners, LLC Savings Plan.

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Con't)

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Participant accounts - Prior to termination, each participant's account was credited with the participant's deferred contribution and allocations of the Company's safe harbor contributions and Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the Plan.

Contributions - Participants could elect to defer on a pretax basis from their annual compensation up to the federal limitation. Additionally, participants could designate all or a portion of their contribution as a Roth contribution. Participants could also contribute amounts representing distributions from other qualified plans. In addition, participants over the age of 50, at the end of the Plan year, were eligible for catch-up contributions. Participants could direct the investment of their contributions and employer contributions into various investment options offered by the Plan.

The Company contributed a safe harbor matching contribution equal to 100% of each participant's deferred compensation up to 4% of compensation. Additionally, the Company may, at its discretion, make an additional discretionary contribution to the Plan in an amount determined by the Company. There was no discretionary contribution during 2022.

As a result of the plan termination the final contributions to the plan were received by June 21, 2022.

Vesting and Payments of Benefits – All plan participants became fully vested in their respective account balances in the Plan on the termination date. All plan assets were distributed on or before November 22, 2022.

Notes Receivable from Participants – Upon plan termination, participants with outstanding loans were able to either repay the outstanding balance of the loan or have the outstanding balance treated as a distribution. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan agreement.

Forfeitures - Forfeitures, if any, could be used to pay Plan administrative expenses and reduce future employer contributions to the Plan.

Administrative expenses - Certain Plan expenses were paid directly by the Company and are excluded from these financial statements. Participant level transactions fees are paid by the Plan.

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

NOTE 2 – CERTIFICATION OF PLAN ASSETS AND TRANSACTIONS

The Plan's investments were held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company, the custodians of the Plan through January 2022, and Reliance Trust Company from February 2022 through liquidation. The investment information disclosed in the accompanying financial statements on of December 31, 2021, was obtained or from information supplied to the Plan administrator and certified as complete and accurate by the Principal Life Insurance Company while the net appreciation in fair value of investments and interest and dividends for the period ended November 22, 2022 was obtained from information supplied to the Plan administrator and certified as complete and accurate by the Reliance Trust Company.

The information certified to as complete and accurate by Principal Life Insurance Company at December 31, 2021 included the following:

	2021
Assets	
Registered Investment Funds	**$ 9,949,544**
Pooled separate account	**51,402**
Common collective trust	**108,555**
	$ 10,109,501
Notes Receivable from Participants	**85,643**
	$ 10,195,144

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan ranks investments required to be reported at fair value in a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset. Observable inputs reflect the assumptions market participants would use in pricing the asset based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed based on the best information available in the circumstances. The three levels of the fair value hierarchy are described below:

Level 1 - Quoted prices in active markets for identical investment. The Plan's investments in mutual funds are considered Level 1 investments.

Level 2 - Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.). The Plan does not hold any Level 2 investments.

Level 3 - Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments). The Plan does not hold any Level 3 investments. See Note 1 for a description of the valuation methodologies used for assets measured at fair value

The Plan's investment in the pooled separate account as of December 31, 2021 is presented at NAV as a practical expedient to fair value, and therefore, has not been classified in the fair value hierarchy.

NOTE 3 – FAIR VALUE MEASUREMENTS (Con't)

The Plan's investments included a common collective trust. A common collective trust involves the pooling of assets of two or more unrelated plans at a financial institution to provide a single investment philosophy or objective applied in determining the selection of underlying investments. Each participating plan owns units of participation in the fair value of the assets underlying the trust. Thus, the *Common/CollectiveTrusts* are stated at net asset value at the end of the 2021 Plan year, which approximates market value.

NOTE 4 – PLAN TERMINATION

Beginning in October 2022, participants in the plan could rollover their account balances to the Western Dental Services, Inc. 401(k) plan including any outstanding loan balance, rollover their plan assets to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century as custodian.

NOTE 5 – INCOME TAX STATUS

The Internal Revenue Service informed the volume submitter for this Plan by a letter dated March 31, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). In accordance with Revenue Procedure 2006-1 and Announcement 2001-77, the plan sponsor determined that it was eligible to rely on the IRS prototype plan opinion letter for the original plan, as amended. The plan administrator believes the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, that the Plan was qualified, and the related trust was tax exempt. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for plan years prior to 2018 The Plan administrator believes the Plan is designed and was operated in compliance with the applicable requirements of the IRC.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by Principal Life Insurance Company. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation of fair value of investments. See Note 1 for notes receivable from participants.

NOTE 7 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 8, 2022, the date which the financial statements were available to be issued. Other than as described in Notes 1 and 4, regarding the Plan termination no additional events or transactions are required to be disclosed or included in the financial statements.

Attachment to 2022 Form 5500

Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name Mid-Atlantic Dental Partners 401(k) Retirement Plan EIN: 47-5036986

Plan Sponsor's Name Mid Atlantic Intermediate, LLC

Name of Participating Employer	EIN	Percent of Total Contributions	Aggregate Account Balance
A.K. Richardson and Associates, P.A.	82-2094088	2.46%	-
Arizona - Perfect Teeth PC	86-0941688	1.20%	-
Beatriz R. Aguero, D.D.S. & Associates IV, P.A.	26-0188351	0.38%	-
Benson J. Ybanez, D.D.S. & Associates, P.A.	22-3877749	0.86%	-
Broomfield Dental Group, P.C. dba Broomfield Dental Group	27-2198200	0.04%	-
Cherokee Trails Dental Care, P.C. dba Cherokee Trails Dental Care	27-2201267	0.50%	-
Clement Park Dental Care, P.C.	27-2201305	2.72%	-
COLORADO - PERFECT TEETH PC	84-1486004	6.31%	-
DCP AZ, LLC	84-3346665	0.93%	-
DCP of Brookfield Square, LLC	34-1971489	0.57%	-
DCP of Delafield (Milwaukee), LLC	26-1789453	0.02%	-
DCP of Illinois (Bloomingdale), Ltd.	26-1782944	0.12%	-
DCP of Illinois (Crystal Lake), Ltd.	26-1782907	0.07%	-
DCP of Illinois (Irving Park), Ltd.	90-0133177	0.23%	-
DCP of Illinois (Vernon Hills), Ltd.	26-1783347	0.37%	-
DCP of Indiana (Castleton Square), P.C.	20-0383944	0.28%	-
DCP of Michigan (Lincoln Park), P.C.	20-0384561	0.61%	-
DCP of Michigan (Troy), P.C.	20-0384482	0.32%	-
DCP of Pennsylvania (Beaver Valley), Inc.	20-0383631	0.65%	-
DCP of Pennsylvania (Cranberry), Inc.	81-1020867	0.41%	-
DCP of Southridge Shopping Center, LLC	34-1971487	0.42%	-
Dental Arts of Windsor, P.C. dba Dental Arts of Windsor	27-2201357	0.78%	-
Dental Associates of Anderson, P.C.	45-3964094	0.40%	-
Dental Associates of Rock Hill Crossing, P.C.	45-3964074	0.02%	-
Dental Associates of Spartanburg, P.C.	27-2168964	0.25%	-
DentalWorks of Pleasant Hills, Inc.	20-0383665	0.57%	-
DentalWorks of Rock Hill, P.C.	26-2883243	0.03%	-
DentalWorks, Dr. Borole & Associates (Farragut), P.C.	26-0188849	0.64%	-
DentalWorks, Dr. Dietz & Associates (Austin Peay), P.C.	20-0384018	0.83%	-
DentalWorks, Dr. Dietz & Associates (Park Avenue), P.C.	20-0384075	0.87%	-
DentalWorks, Dr. McFarlane & Associates (Knoxville), P.C.	20-0384058	0.02%	-
Dr. Adamson & Assoc., Fayetteville, P.A.	46-5736568	0.10%	-
Dr. Adamson & Assoc., Hope Mills, P.A.	46-5732435	0.75%	-
Dr. Adamson & Assoc., Raeford Road, P.A.	46-5746638	0.52%	-
Dr. Aguero & Associates, P.A.	38-4121159	0.11%	-
Dr. Charles Smith & Associates (Westland Center), P.C.	20-0384625	0.08%	-
Dr. Dellagatta & Associates (Southern Park), Inc.	20-0377208	1.22%	-
Dr. Given & Associates, P.A.	27-0956718	0.66%	-
Dr. John Solooki & Associates (Fairlawn), Inc.	20-4124027	0.94%	-

Dr. Legler & Associates, P.A.	26-1783250	0.39%	-
Dr. McClary & Assoc. Wake Forest, P.A.	26-1783188	0.15%	-
Dr. McClary & Assoc. Wendover, P.A.	26-1783281	0.10%	-
Dr. McClary & Associates III, P.A.	26-1783072	1.37%	-
Dr. Oler & Assoc. Burlington, P.A.	46-5732571	0.86%	-
Dr. R. Edward Mooring, Jr. & Associates, P.A.	22-3877748	0.15%	-
Dr. Richard-James M. Hansen & Associates (Fort Mill), P.C.	27-0486169	0.75%	-
Dr. Ryan & Associates, P.S.C.	03-0501888	0.49%	-
Dr. Tabachnik & Associates (Richmond), Inc.	20-0377151	0.61%	-
Dr. Tamimi & Associates (Easton), Inc.	26-2883126	0.68%	-
Dr. Zasso & Associates (Skokie), Ltd.	47-4658472	0.56%	-
Drs. Aguero, Hughes & Assoc., P.A.	22-3877737	1.88%	-
Drs. Ghodke, Lindsey & Associates, P.A.	22-3877747	0.99%	-
Drs. Jian, Spann & Associates (Polaris), Inc.	20-2992285	0.74%	-
Element Dental Partners, LLC	83-3110807	19.47%	-
Eric R. Pierchoski, D.M.D. & Associates (Westmoreland), Inc.	20-0383695	0.71%	-
Firestone Dental Care, P.C. dba Firestone Dental Care	27-2201423	0.00%	-
George J. Trakakis, D.D.S. & Associates (Fox Valley), Ltd.	20-0415450	1.16%	-
Heather Park Dental Care, P.C. dba Heather Park Dental Care	27-2201458	0.07%	-
Hilltop Dental Care, P.C. dba Hilltop Dental Care	27-2201498	0.26%	-
Illinois Dental Providers (Chicago Loop), Ltd.	20-0384384	0.56%	-
Illinois Dental Providers (Elgin), P.C.	20-0384334	0.50%	-
Illinois Dental Providers (Glen Ellyn), Ltd.	47-5281166	0.53%	-
Illinois Dental Providers (Harlem & North), Ltd.	20-0384209	0.10%	-
Illinois Dental Providers (Schaumburg), P.C.	31-1812648	0.56%	-
Illinois Dental Providers, P.C.	81-3188535	0.18%	-
Illinois DentalProviders (Tinley Park), Ltd.	20-0384271	0.05%	-
Isam Ibrahim, D.D.S. & Associates (Eastwood Mall/Niles), Inc.	34-1971775	0.35%	-
Jackson Creek Dental Care, P.C. dba Jackson Creek Dental Care	27-2201549	0.21%	-
James A. Poe, D.D.S. and Associates PLLC	82-4001154	0.43%	-
James Smith DMD, P.A.	26-0188483	0.57%	-
Jeffrey L Taylor DDS & Associates I , P.C.	82-1780928	0.95%	-
Meckler Dental Providers (Avon), Inc.	81-0958531	0.20%	-
Meckler Dental Providers (Beachwood), Inc.	81-0779470	0.05%	-
Meckler Dental Providers (Belden), Inc.	34-1971776	0.80%	-
Meckler Dental Providers (Dublin), Inc.	20-0869528	0.08%	-
Meckler Dental Providers (Garfield), Inc.	20-0376987	1.46%	-
Meckler Dental Providers (Grove City), Inc.	26-0189098	0.05%	-
Meckler Dental Providers (Macedonia), Inc.	26-2573714	0.17%	-
Meckler Dental Providers (Olmsted), Inc.	20-0377039	0.67%	-
Meckler Dental Providers (Oregon), Inc.	20-5063682	0.16%	-
Meckler Dental Providers (Parma), Inc.	81-0839744	0.26%	-
Meckler Dental Providers (Powell), Inc.	47-4913799	0.28%	-
Meckler Dental Providers (Reynoldsburg), Inc.	46-1978014	0.32%	-
Meckler Dental Providers (River Oaks), Ltd.	20-0384161	0.56%	-
Meckler Dental Providers (South Plaza), Inc.	20-0377191	0.07%	-
Meckler Dental Providers (Stow), Inc.	47-4568090	0.81%	-
Meckler Dental Providers (Strongsville), Inc.	20-0376885	0.25%	-
Meckler Dental Providers (Westgate), Inc.	20-0377263	0.05%	-

Meckler Dental Providers (Willoughby), Inc.	47-4946368	0.64%	-
Meckler Dental Providers, Inc.	26-0188980	0.36%	-
Michael A. Luckett, D.M.D. & Associates (Rivercrest), Ltd.	20-0384305	0.30%	-
Michael S Ayes DDS & Associates Pennsylvania P.C.	82-1781052	2.61%	-
Michigan Dental Providers (Sterling Heights), P.C.	20-0384501	0.25%	-
Michigan Dental Providers, P.C.	47-5230565	0.43%	-
Mid-Atlantic Dental Partners Delaware Professionals	82-1780786	4.52%	-
Mid-Atlantic Dental Partners, NJ, LLC	83-2167714	4.39%	-
Natalie J. Stelzer, DMD & Associates (Cedar Springs), P.S.C	20-0384660	0.26%	-
Network Provider Associates, P.C.	75-2622808	10.13%	-
New Mexico - Perfect Teeth PC	91-1945361	2.84%	-
Sedon Dental Providers (Medina), Inc.	26-0188777	1.53%	-
Tennessee Dental Provider Network, P.C.	46-1691478	0.02%	-
Vista Ridge Dental Care, P.C.	27-2201691	0.20%	-
Willow Creek/Perfect Teeth PC	85-2818657	0.64%	-

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

PERIOD ENDED NOVEMBER 22, 2022 AND YEAR ENDED DECEMBER 31, 2021

(See Independent Auditor's Report)

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Mid-Atlantic Dental Partners 401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Mid-Atlantic Dental Partners 401(k) Retirement 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 statement of net assets in liquidation as of November 22, 2022, and the related statement of changes in net assets in liquidation for the period then ended, and for the year ended December 31, 2021 (ongoing) and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Mid-Atlantic Dental Partners 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the period ended November 22, 2022, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

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

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

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Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mid-Atlantic Dental Partners 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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.

Emphasis-of-Matter

As discussed in Note 1 to the financial statements, the Board of Directors of Mid-Atlantic Dental Partners, the Mid-Atlantic Dental Partners 401(k) Retirement Plan's sponsor, adopted a resolution to terminate the Plan effective June 20, 2022, and management determined liquidation is imminent. As a result, the Birner Dental Management Services, Inc. Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mid-Atlantic Dental Partners 401(k) Retirement 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.

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

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

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

Supplemental Schedules Required by ERISA

There were no assets held for investment as of November 22, 2022 due to the Plan termination. No supplemental schedules are applicable.

September 8, 2023

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION

NOVEMBER 22, 2022 AND DECEMBER 31, 2021

	2022	2021
ASSETS		
Investments at fair value:		
Mutual funds	$ -	$ **9,949,544**
Pooled separate account	-	**51,402**
Total investments, at fair value	-	**10,000,946**
Investments, at net asset value:		
Common collective trusts	-	**108,555**
Total Investments	-	**10,109,501**
Receivables:		
Contributions, employer	-	**49,787**
Contributions, participants	-	**84,242**
Notes receivable from participants	-	**85,643**
Total Receivables	-	**219,672**
Net assets available for benefits	$ -	$ **10,329,173**

See Notes to Financial Statements

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION

PERIOD BEGINNING JANAURY 1, 2022 AND ENDED NOVEMBER 22, 2022

Additions to net assets attributed to:		
Contributions:		
Employee	$	2,739,387
Employer		1,332,557
Rollovers		532,209
Total Contributions		4,604,153
Investment income:		
Net appreciation in fair value of investments		(2,066,176)
Dividends		127,630
Interest on notes receivable from participants		1,774
Total investment income		(1,936,772)
Total additions		2,667,381
Deductions from net assets attributed to:		
Benefits paid to participant		12,918,568
Administrative expenses		77,986
Total deductions		12,996,554
Net decrease		(10,329,173)
Net assets available for benefits:		
Beginning of year		10,329,173
End of year	$	-

See Notes to Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES

The following description of the Mid-Atlantic Dental Partners 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On May 2, 2022 Mid-Atlantic Dental Partners was acquired by Western Dental Services, Inc., a leading Dental Support Organization (DSO).

Plan Termination - The Company had the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. By unanimous consent of the Board of Director of the Sponsor, the Company agreed to terminate the Plan effective June 20, 2022 (the “Termination Date”). As of the termination date, no additional benefits accrued under the Plan and all Plan participants became fully vested in their respective account balances in the Plan.

A termination amendment was adopted and other amendments required for the Plan to satisfy the tax-qualification requirements of section 401(a) of the Internal Revenue Code of 1986, as amended. Beginning in October 2022, participants could rollover their account balances to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century Investments, as custodian. All assets of the plan were distributed to participants by November 22, 2022.

General - The Plan was a multiple-employer defined contribution 401(k) plan covering all employees of Mid-Atlantic Dental Services Holdings, LLC and its controlled group members.; Jeffrey L Taylor and Associates, PC., MADSH Services LLC; Michael S. Ayes, D.D.S., and Associates P.C. and Mid-Atlantic Dental Partners Delaware, Professional Association and other participating employers (collectively, the Company) who have completed 90 days of service and are age 21 or older, except those active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. as described below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Plan investments are participant directed.

Effective January 1, 2021, active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. were eligible to begin contributing to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Employees hired by those employers on or after January 1, 2021 had a six-month waiting period before becoming eligible to contribute to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Plan assets of the two entities were not transferred.

In February 2021, net assets of the Plan were transferred to Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company under a new custodial relationship.

In January 2022, net assets of the Plan were transferred from Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company to Reliance Trust Company under a new custodial relationship but remained net assets of the then-frozen DCP Equity Partners, LLC Savings Plan.

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Con't)

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Participant accounts - Prior to termination, each participant's account was credited with the participant's deferred contribution and allocations of the Company's safe harbor contributions and Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the Plan.

Contributions - Participants could elect to defer on a pretax basis from their annual compensation up to the federal limitation. Additionally, participants could designate all or a portion of their contribution as a Roth contribution. Participants could also contribute amounts representing distributions from other qualified plans. In addition, participants over the age of 50, at the end of the Plan year, were eligible for catch-up contributions. Participants could direct the investment of their contributions and employer contributions into various investment options offered by the Plan.

The Company contributed a safe harbor matching contribution equal to 100% of each participant's deferred compensation up to 4% of compensation. Additionally, the Company may, at its discretion, make an additional discretionary contribution to the Plan in an amount determined by the Company. There was no discretionary contribution during 2022.

As a result of the plan termination the final contributions to the plan were received by June 21, 2022.

Vesting and Payments of Benefits – All plan participants became fully vested in their respective account balances in the Plan on the termination date. All plan assets were distributed on or before November 22, 2022.

Notes Receivable from Participants – Upon plan termination, participants with outstanding loans were able to either repay the outstanding balance of the loan or have the outstanding balance treated as a distribution. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan agreement.

Forfeitures - Forfeitures, if any, could be used to pay Plan administrative expenses and reduce future employer contributions to the Plan.

Administrative expenses - Certain Plan expenses were paid directly by the Company and are excluded from these financial statements. Participant level transactions fees are paid by the Plan.

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

NOTE 2 – CERTIFICATION OF PLAN ASSETS AND TRANSACTIONS

The Plan's investments were held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company, the custodians of the Plan through January 2022, and Reliance Trust Company from February 2022 through liquidation. The investment information disclosed in the accompanying financial statements on of December 31, 2021, was obtained or from information supplied to the Plan administrator and certified as complete and accurate by the Principal Life Insurance Company while the net appreciation in fair value of investments and interest and dividends for the period ended November 22, 2022 was obtained from information supplied to the Plan administrator and certified as complete and accurate by the Reliance Trust Company.

The information certified to as complete and accurate by Principal Life Insurance Company at December 31, 2021 included the following:

	2021
Assets	
Registered Investment Funds	**$ 9,949,544**
Pooled separate account	**51,402**
Common collective trust	**108,555**
	$ 10,109,501
Notes Receivable from Participants	**85,643**
	$ 10,195,144

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan ranks investments required to be reported at fair value in a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset. Observable inputs reflect the assumptions market participants would use in pricing the asset based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed based on the best information available in the circumstances. The three levels of the fair value hierarchy are described below:

Level 1 - Quoted prices in active markets for identical investment. The Plan's investments in mutual funds are considered Level 1 investments.

Level 2 - Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.). The Plan does not hold any Level 2 investments.

Level 3 - Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments). The Plan does not hold any Level 3 investments. See Note 1 for a description of the valuation methodologies used for assets measured at fair value

The Plan's investment in the pooled separate account as of December 31, 2021 is presented at NAV as a practical expedient to fair value, and therefore, has not been classified in the fair value hierarchy.

NOTE 3 – FAIR VALUE MEASUREMENTS (Con't)

The Plan's investments included a common collective trust. A common collective trust involves the pooling of assets of two or more unrelated plans at a financial institution to provide a single investment philosophy or objective applied in determining the selection of underlying investments. Each participating plan owns units of participation in the fair value of the assets underlying the trust. Thus, the *Common/CollectiveTrusts* are stated at net asset value at the end of the 2021 Plan year, which approximates market value.

NOTE 4 – PLAN TERMINATION

Beginning in October 2022, participants in the plan could rollover their account balances to the Western Dental Services, Inc. 401(k) plan including any outstanding loan balance, rollover their plan assets to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century as custodian.

NOTE 5 – INCOME TAX STATUS

The Internal Revenue Service informed the volume submitter for this Plan by a letter dated March 31, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). In accordance with Revenue Procedure 2006-1 and Announcement 2001-77, the plan sponsor determined that it was eligible to rely on the IRS prototype plan opinion letter for the original plan, as amended. The plan administrator believes the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, that the Plan was qualified, and the related trust was tax exempt. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for plan years prior to 2018 The Plan administrator believes the Plan is designed and was operated in compliance with the applicable requirements of the IRC.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by Principal Life Insurance Company. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation of fair value of investments. See Note 1 for notes receivable from participants.

NOTE 7 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 8, 2022, the date which the financial statements were available to be issued. Other than as described in Notes 1 and 4, regarding the Plan termination no additional events or transactions are required to be disclosed or included in the financial statements.

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

PERIOD ENDED NOVEMBER 22, 2022 AND YEAR ENDED DECEMBER 31, 2021

(See Independent Auditor's Report)

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Mid-Atlantic Dental Partners 401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Mid-Atlantic Dental Partners 401(k) Retirement 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 statement of net assets in liquidation as of November 22, 2022, and the related statement of changes in net assets in liquidation for the period then ended, and for the year ended December 31, 2021 (ongoing) and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Mid-Atlantic Dental Partners 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the period ended November 22, 2022, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

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

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

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Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mid-Atlantic Dental Partners 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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.

Emphasis-of-Matter

As discussed in Note 1 to the financial statements, the Board of Directors of Mid-Atlantic Dental Partners, the Mid-Atlantic Dental Partners 401(k) Retirement Plan's sponsor, adopted a resolution to terminate the Plan effective June 20, 2022, and management determined liquidation is imminent. As a result, the Birner Dental Management Services, Inc. Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mid-Atlantic Dental Partners 401(k) Retirement 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.

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

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

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

Supplemental Schedules Required by ERISA

There were no assets held for investment as of November 22, 2022 due to the Plan termination. No supplemental schedules are applicable.

September 8, 2023

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION

NOVEMBER 22, 2022 AND DECEMBER 31, 2021

	2022	2021
ASSETS		
Investments at fair value:		
Mutual funds	$ -	$ **9,949,544**
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Contributions, participants	-	**84,242**
Notes receivable from participants	-	**85,643**
Total Receivables	-	**219,672**
Net assets available for benefits	$ -	$ **10,329,173**

See Notes to Financial Statements

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION

PERIOD BEGINNING JANAURY 1, 2022 AND ENDED NOVEMBER 22, 2022

Additions to net assets attributed to:		
Contributions:		
Employee	$	2,739,387
Employer		1,332,557
Rollovers		532,209
Total Contributions		4,604,153
Investment income:		
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Dividends		127,630
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Deductions from net assets attributed to:		
Benefits paid to participant		12,918,568
Administrative expenses		77,986
Total deductions		12,996,554
Net decrease		(10,329,173)
Net assets available for benefits:		
Beginning of year		10,329,173
End of year	$	-

See Notes to Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES

The following description of the Mid-Atlantic Dental Partners 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On May 2, 2022 Mid-Atlantic Dental Partners was acquired by Western Dental Services, Inc., a leading Dental Support Organization (DSO).

Plan Termination - The Company had the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. By unanimous consent of the Board of Director of the Sponsor, the Company agreed to terminate the Plan effective June 20, 2022 (the “Termination Date”). As of the termination date, no additional benefits accrued under the Plan and all Plan participants became fully vested in their respective account balances in the Plan.

A termination amendment was adopted and other amendments required for the Plan to satisfy the tax-qualification requirements of section 401(a) of the Internal Revenue Code of 1986, as amended. Beginning in October 2022, participants could rollover their account balances to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century Investments, as custodian. All assets of the plan were distributed to participants by November 22, 2022.

General - The Plan was a multiple-employer defined contribution 401(k) plan covering all employees of Mid-Atlantic Dental Services Holdings, LLC and its controlled group members.; Jeffrey L Taylor and Associates, PC., MADSH Services LLC; Michael S. Ayes, D.D.S., and Associates P.C. and Mid-Atlantic Dental Partners Delaware, Professional Association and other participating employers (collectively, the Company) who have completed 90 days of service and are age 21 or older, except those active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. as described below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Plan investments are participant directed.

Effective January 1, 2021, active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. were eligible to begin contributing to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Employees hired by those employers on or after January 1, 2021 had a six-month waiting period before becoming eligible to contribute to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Plan assets of the two entities were not transferred.

In February 2021, net assets of the Plan were transferred to Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company under a new custodial relationship.

In January 2022, net assets of the Plan were transferred from Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company to Reliance Trust Company under a new custodial relationship but remained net assets of the then-frozen DCP Equity Partners, LLC Savings Plan.

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Con't)

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Participant accounts - Prior to termination, each participant's account was credited with the participant's deferred contribution and allocations of the Company's safe harbor contributions and Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the Plan.

Contributions - Participants could elect to defer on a pretax basis from their annual compensation up to the federal limitation. Additionally, participants could designate all or a portion of their contribution as a Roth contribution. Participants could also contribute amounts representing distributions from other qualified plans. In addition, participants over the age of 50, at the end of the Plan year, were eligible for catch-up contributions. Participants could direct the investment of their contributions and employer contributions into various investment options offered by the Plan.

The Company contributed a safe harbor matching contribution equal to 100% of each participant's deferred compensation up to 4% of compensation. Additionally, the Company may, at its discretion, make an additional discretionary contribution to the Plan in an amount determined by the Company. There was no discretionary contribution during 2022.

As a result of the plan termination the final contributions to the plan were received by June 21, 2022.

Vesting and Payments of Benefits – All plan participants became fully vested in their respective account balances in the Plan on the termination date. All plan assets were distributed on or before November 22, 2022.

Notes Receivable from Participants – Upon plan termination, participants with outstanding loans were able to either repay the outstanding balance of the loan or have the outstanding balance treated as a distribution. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan agreement.

Forfeitures - Forfeitures, if any, could be used to pay Plan administrative expenses and reduce future employer contributions to the Plan.

Administrative expenses - Certain Plan expenses were paid directly by the Company and are excluded from these financial statements. Participant level transactions fees are paid by the Plan.

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

NOTE 2 – CERTIFICATION OF PLAN ASSETS AND TRANSACTIONS

The Plan's investments were held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company, the custodians of the Plan through January 2022, and Reliance Trust Company from February 2022 through liquidation. The investment information disclosed in the accompanying financial statements on of December 31, 2021, was obtained or from information supplied to the Plan administrator and certified as complete and accurate by the Principal Life Insurance Company while the net appreciation in fair value of investments and interest and dividends for the period ended November 22, 2022 was obtained from information supplied to the Plan administrator and certified as complete and accurate by the Reliance Trust Company.

The information certified to as complete and accurate by Principal Life Insurance Company at December 31, 2021 included the following:

	2021
Assets	
Registered Investment Funds	**$ 9,949,544**
Pooled separate account	**51,402**
Common collective trust	**108,555**
	$ 10,109,501
Notes Receivable from Participants	**85,643**
	$ 10,195,144

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan ranks investments required to be reported at fair value in a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset. Observable inputs reflect the assumptions market participants would use in pricing the asset based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed based on the best information available in the circumstances. The three levels of the fair value hierarchy are described below:

Level 1 - Quoted prices in active markets for identical investment. The Plan's investments in mutual funds are considered Level 1 investments.

Level 2 - Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.). The Plan does not hold any Level 2 investments.

Level 3 - Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments). The Plan does not hold any Level 3 investments. See Note 1 for a description of the valuation methodologies used for assets measured at fair value

The Plan's investment in the pooled separate account as of December 31, 2021 is presented at NAV as a practical expedient to fair value, and therefore, has not been classified in the fair value hierarchy.

NOTE 3 – FAIR VALUE MEASUREMENTS (Con't)

The Plan's investments included a common collective trust. A common collective trust involves the pooling of assets of two or more unrelated plans at a financial institution to provide a single investment philosophy or objective applied in determining the selection of underlying investments. Each participating plan owns units of participation in the fair value of the assets underlying the trust. Thus, the *Common/CollectiveTrusts* are stated at net asset value at the end of the 2021 Plan year, which approximates market value.

NOTE 4 – PLAN TERMINATION

Beginning in October 2022, participants in the plan could rollover their account balances to the Western Dental Services, Inc. 401(k) plan including any outstanding loan balance, rollover their plan assets to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century as custodian.

NOTE 5 – INCOME TAX STATUS

The Internal Revenue Service informed the volume submitter for this Plan by a letter dated March 31, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). In accordance with Revenue Procedure 2006-1 and Announcement 2001-77, the plan sponsor determined that it was eligible to rely on the IRS prototype plan opinion letter for the original plan, as amended. The plan administrator believes the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, that the Plan was qualified, and the related trust was tax exempt. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for plan years prior to 2018 The Plan administrator believes the Plan is designed and was operated in compliance with the applicable requirements of the IRC.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by Principal Life Insurance Company. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation of fair value of investments. See Note 1 for notes receivable from participants.

NOTE 7 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 8, 2022, the date which the financial statements were available to be issued. Other than as described in Notes 1 and 4, regarding the Plan termination no additional events or transactions are required to be disclosed or included in the financial statements.

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Mid-Atlantic Intermediate 401(k) Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

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)

Element Dental Partners, LLC

Mid-Atlantic Dental Partners

6700 Pincrest
Suite 150
Plano TX 75024

2b Employer Identification Number (EIN) 47-5036986

2c Plan Sponsor's telephone number (216)584-1811

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	Robert Eisen		Robert Eisen
	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:

a Sponsor's name Mid-Atlantic Intermediate, LLC

c Plan Name Mid-Atlantic Dental Partners 401(k) Retirement Plan

4b EIN 47-5036986

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	1,895
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)**	1,795
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 3D 3B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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_____

Attachment to 2022 Form 5500

Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name Mid-Atlantic Dental Partners 401(k) Retirement Plan EIN: 47-5036986

Plan Sponsor's Name Mid Atlantic Intermediate, LLC

Name of Participating Employer	EIN	Percent of Total Contributions	Aggregate Account Balance
A.K. Richardson and Associates, P.A.	82-2094088	2.46%	-
Arizona - Perfect Teeth PC	86-0941688	1.20%	-
Beatriz R. Aguero, D.D.S. & Associates IV, P.A.	26-0188351	0.38%	-
Benson J. Ybanez, D.D.S. & Associates, P.A.	22-3877749	0.86%	-
Broomfield Dental Group, P.C. dba Broomfield Dental Group	27-2198200	0.04%	-
Cherokee Trails Dental Care, P.C. dba Cherokee Trails Dental Care	27-2201267	0.50%	-
Clement Park Dental Care, P.C.	27-2201305	2.72%	-
COLORADO - PERFECT TEETH PC	84-1486004	6.31%	-
DCP AZ, LLC	84-3346665	0.93%	-
DCP of Brookfield Square, LLC	34-1971489	0.57%	-
DCP of Delafield (Milwaukee), LLC	26-1789453	0.02%	-
DCP of Illinois (Bloomingdale), Ltd.	26-1782944	0.12%	-
DCP of Illinois (Crystal Lake), Ltd.	26-1782907	0.07%	-
DCP of Illinois (Irving Park), Ltd.	90-0133177	0.23%	-
DCP of Illinois (Vernon Hills), Ltd.	26-1783347	0.37%	-
DCP of Indiana (Castleton Square), P.C.	20-0383944	0.28%	-
DCP of Michigan (Lincoln Park), P.C.	20-0384561	0.61%	-
DCP of Michigan (Troy), P.C.	20-0384482	0.32%	-
DCP of Pennsylvania (Beaver Valley), Inc.	20-0383631	0.65%	-
DCP of Pennsylvania (Cranberry), Inc.	81-1020867	0.41%	-
DCP of Southridge Shopping Center, LLC	34-1971487	0.42%	-
Dental Arts of Windsor, P.C. dba Dental Arts of Windsor	27-2201357	0.78%	-
Dental Associates of Anderson, P.C.	45-3964094	0.40%	-
Dental Associates of Rock Hill Crossing, P.C.	45-3964074	0.02%	-
Dental Associates of Spartanburg, P.C.	27-2168964	0.25%	-
DentalWorks of Pleasant Hills, Inc.	20-0383665	0.57%	-
DentalWorks of Rock Hill, P.C.	26-2883243	0.03%	-
DentalWorks, Dr. Borole & Associates (Farragut), P.C.	26-0188849	0.64%	-
DentalWorks, Dr. Dietz & Associates (Austin Peay), P.C.	20-0384018	0.83%	-
DentalWorks, Dr. Dietz & Associates (Park Avenue), P.C.	20-0384075	0.87%	-
DentalWorks, Dr. McFarlane & Associates (Knoxville), P.C.	20-0384058	0.02%	-
Dr. Adamson & Assoc., Fayetteville, P.A.	46-5736568	0.10%	-
Dr. Adamson & Assoc., Hope Mills, P.A.	46-5732435	0.75%	-
Dr. Adamson & Assoc., Raeford Road, P.A.	46-5746638	0.52%	-
Dr. Aguero & Associates, P.A.	38-4121159	0.11%	-
Dr. Charles Smith & Associates (Westland Center), P.C.	20-0384625	0.08%	-
Dr. Dellagatta & Associates (Southern Park), Inc.	20-0377208	1.22%	-
Dr. Given & Associates, P.A.	27-0956718	0.66%	-
Dr. John Solooki & Associates (Fairlawn), Inc.	20-4124027	0.94%	-

Dr. Legler & Associates, P.A.	26-1783250	0.39%	-
Dr. McClary & Assoc. Wake Forest, P.A.	26-1783188	0.15%	-
Dr. McClary & Assoc. Wendover, P.A.	26-1783281	0.10%	-
Dr. McClary & Associates III, P.A.	26-1783072	1.37%	-
Dr. Oler & Assoc. Burlington, P.A.	46-5732571	0.86%	-
Dr. R. Edward Mooring, Jr. & Associates, P.A.	22-3877748	0.15%	-
Dr. Richard-James M. Hansen & Associates (Fort Mill), P.C.	27-0486169	0.75%	-
Dr. Ryan & Associates, P.S.C.	03-0501888	0.49%	-
Dr. Tabachnik & Associates (Richmond), Inc.	20-0377151	0.61%	-
Dr. Tamimi & Associates (Easton), Inc.	26-2883126	0.68%	-
Dr. Zasso & Associates (Skokie), Ltd.	47-4658472	0.56%	-
Drs. Aguero, Hughes & Assoc., P.A.	22-3877737	1.88%	-
Drs. Ghodke, Lindsey & Associates, P.A.	22-3877747	0.99%	-
Drs. Jian, Spann & Associates (Polaris), Inc.	20-2992285	0.74%	-
Element Dental Partners, LLC	83-3110807	19.47%	-
Eric R. Pierchoski, D.M.D. & Associates (Westmoreland), Inc.	20-0383695	0.71%	-
Firestone Dental Care, P.C. dba Firestone Dental Care	27-2201423	0.00%	-
George J. Trakakis, D.D.S. & Associates (Fox Valley), Ltd.	20-0415450	1.16%	-
Heather Park Dental Care, P.C. dba Heather Park Dental Care	27-2201458	0.07%	-
Hilltop Dental Care, P.C. dba Hilltop Dental Care	27-2201498	0.26%	-
Illinois Dental Providers (Chicago Loop), Ltd.	20-0384384	0.56%	-
Illinois Dental Providers (Elgin), P.C.	20-0384334	0.50%	-
Illinois Dental Providers (Glen Ellyn), Ltd.	47-5281166	0.53%	-
Illinois Dental Providers (Harlem & North), Ltd.	20-0384209	0.10%	-
Illinois Dental Providers (Schaumburg), P.C.	31-1812648	0.56%	-
Illinois Dental Providers, P.C.	81-3188535	0.18%	-
Illinois DentalProviders (Tinley Park), Ltd.	20-0384271	0.05%	-
Isam Ibrahim, D.D.S. & Associates (Eastwood Mall/Niles), Inc.	34-1971775	0.35%	-
Jackson Creek Dental Care, P.C. dba Jackson Creek Dental Care	27-2201549	0.21%	-
James A. Poe, D.D.S. and Associates PLLC	82-4001154	0.43%	-
James Smith DMD, P.A.	26-0188483	0.57%	-
Jeffrey L Taylor DDS & Associates I , P.C.	82-1780928	0.95%	-
Meckler Dental Providers (Avon), Inc.	81-0958531	0.20%	-
Meckler Dental Providers (Beachwood), Inc.	81-0779470	0.05%	-
Meckler Dental Providers (Belden), Inc.	34-1971776	0.80%	-
Meckler Dental Providers (Dublin), Inc.	20-0869528	0.08%	-
Meckler Dental Providers (Garfield), Inc.	20-0376987	1.46%	-
Meckler Dental Providers (Grove City), Inc.	26-0189098	0.05%	-
Meckler Dental Providers (Macedonia), Inc.	26-2573714	0.17%	-
Meckler Dental Providers (Olmsted), Inc.	20-0377039	0.67%	-
Meckler Dental Providers (Oregon), Inc.	20-5063682	0.16%	-
Meckler Dental Providers (Parma), Inc.	81-0839744	0.26%	-
Meckler Dental Providers (Powell), Inc.	47-4913799	0.28%	-
Meckler Dental Providers (Reynoldsburg), Inc.	46-1978014	0.32%	-
Meckler Dental Providers (River Oaks), Ltd.	20-0384161	0.56%	-
Meckler Dental Providers (South Plaza), Inc.	20-0377191	0.07%	-
Meckler Dental Providers (Stow), Inc.	47-4568090	0.81%	-
Meckler Dental Providers (Strongsville), Inc.	20-0376885	0.25%	-
Meckler Dental Providers (Westgate), Inc.	20-0377263	0.05%	-

Meckler Dental Providers (Willoughby), Inc.	47-4946368	0.64%	-
Meckler Dental Providers, Inc.	26-0188980	0.36%	-
Michael A. Luckett, D.M.D. & Associates (Rivercrest), Ltd.	20-0384305	0.30%	-
Michael S Ayes DDS & Associates Pennsylvania P.C.	82-1781052	2.61%	-
Michigan Dental Providers (Sterling Heights), P.C.	20-0384501	0.25%	-
Michigan Dental Providers, P.C.	47-5230565	0.43%	-
Mid-Atlantic Dental Partners Delaware Professionals	82-1780786	4.52%	-
Mid-Atlantic Dental Partners, NJ, LLC	83-2167714	4.39%	-
Natalie J. Stelzer, DMD & Associates (Cedar Springs), P.S.C	20-0384660	0.26%	-
Network Provider Associates, P.C.	75-2622808	10.13%	-
New Mexico - Perfect Teeth PC	91-1945361	2.84%	-
Sedon Dental Providers (Medina), Inc.	26-0188777	1.53%	-
Tennessee Dental Provider Network, P.C.	46-1691478	0.02%	-
Vista Ridge Dental Care, P.C.	27-2201691	0.20%	-
Willow Creek/Perfect Teeth PC	85-2818657	0.64%	-

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
Mid-Atlantic Intermediate 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Element Dental Partners, LLC

D Employer Identification Number (EIN)
47-5036986

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

PRINCIPAL LIFE INSURANCE 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
42-0127290	61271	531400	0	01/01/2022	01/18/2022

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

PA 18964-2139

(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	

(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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. Specify nature of costs.			**10b**	

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
Mid-Atlantic Intermediate 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Element Dental Partners, LLC

D Employer Identification Number (EIN)
47-5036986

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN FUNDS DISTRIBUTORS, INC.
95-2769620

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

BLACKROCK INVESTMENTS, INC.
23-2784752

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE ROAD

AUSTIN TX 78746

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

J.P. MORGAN INVESTMENT MANAGEMENT
13-3200244

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

MORELY FINANCIAL ADVISOR

1300 SW FIFTH AVENUE
SUITE 3300
PORTLAND OR 97201

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

NATIXIS DISTRIBUTORS, L.P.

399 BOYLSTON STREET

BOSTON MA 02116

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

T. ROWE PRICE

100 EAST PRATT STREET

BALTIMORE MD 21202

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

VANGUARD

455 DEVON PARK DRIVE

WAYNE PA 19087

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

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

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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?
13 37 50 64	Contract Administrator	5,196	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

Bergin, Roberts & Co. LLC
23-4567336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	Investment/ Fina Advisory	6,368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADP, INC.
13-3036745

(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?
37 50 15 64 26 49 99	RECORD KEEPER	72,784	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ADP BROKER-DEALER
22-3319984

(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?
60 59	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(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 [ ]

(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
ADP BROKER-DEALER	60 59	0
(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.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(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.	
NATIXIS DISTRIBUTORS, L.P. 399 BOYLSTON STREET BOSTON MA 02116	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
Mid-Atlantic Intermediate 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
Element Dental Partners, LLC

D Employer Identification Number (EIN)
47-5036986

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN Real Estate Secs SA-Z

b Name of sponsor of entity listed in (a): Principal Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290 095	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: Principal Stable Value Z Fund

b Name of sponsor of entity listed in (a): Principal Global Investors Trust Co

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274328 001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE-25

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INV TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329 001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
Mid-Atlantic Intermediate 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Element Dental Partners, LLC

D Employer Identification Number (EIN)
47-5036986

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)	49,787	
(2) Participant contributions	1b(2)	84,242	
(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)	85,643	
(9) Value of interest in common/collective trusts	1c(9)	108,555	
(10) Value of interest in pooled separate accounts	1c(10)	51,402	
(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)	9,949,544	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10,329,173	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10,329,173	0

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)	1,332,557	
	(B) Participants	2a(1)(B)	2,739,387	
	(C) Others (including rollovers)	2a(1)(C)	532,209	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4,604,153
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)	1,775	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1,775
	(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)	127,630	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		127,630
	(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)		-2,066,177
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2,667,381
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12,817,886	
(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)		12,817,886
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		100,682
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	77,986	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		77,986
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12,996,554
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-10,329,173
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: Winbridge SBF, LTD **(2)** EIN: 87-4778872

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		3,000,000
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**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 _____.

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

PERIOD ENDED NOVEMBER 22, 2022 AND YEAR ENDED DECEMBER 31, 2021

(See Independent Auditor's Report)

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Mid-Atlantic Dental Partners 401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Mid-Atlantic Dental Partners 401(k) Retirement 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 statement of net assets in liquidation as of November 22, 2022, and the related statement of changes in net assets in liquidation for the period then ended, and for the year ended December 31, 2021 (ongoing) and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Mid-Atlantic Dental Partners 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the period ended November 22, 2022, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

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

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

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Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mid-Atlantic Dental Partners 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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.

Emphasis-of-Matter

As discussed in Note 1 to the financial statements, the Board of Directors of Mid-Atlantic Dental Partners, the Mid-Atlantic Dental Partners 401(k) Retirement Plan's sponsor, adopted a resolution to terminate the Plan effective June 20, 2022, and management determined liquidation is imminent. As a result, the Birner Dental Management Services, Inc. Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mid-Atlantic Dental Partners 401(k) Retirement 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.

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

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

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

Supplemental Schedules Required by ERISA

There were no assets held for investment as of November 22, 2022 due to the Plan termination. No supplemental schedules are applicable.

September 8, 2023

MID-ATLANTIC DENTAL PARTNERS 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION

NOVEMBER 22, 2022 AND DECEMBER 31, 2021

	2022	2021
ASSETS		
Investments at fair value:		
Mutual funds	$ -	$ **9,949,544**
Pooled separate account	-	**51,402**
Total investments, at fair value	-	**10,000,946**
Investments, at net asset value:		
Common collective trusts	-	**108,555**
Total Investments	-	**10,109,501**
Receivables:		
Contributions, employer	-	**49,787**
Contributions, participants	-	**84,242**
Notes receivable from participants	-	**85,643**
Total Receivables	-	**219,672**
Net assets available for benefits	$ -	$ **10,329,173**

See Notes to Financial Statements

MID-ATLANTIC DENTAL PARTNERS 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION

PERIOD BEGINNING JANAURY 1, 2022 AND ENDED NOVEMBER 22, 2022

Additions to net assets attributed to:		
Contributions:		
Employee	$	2,739,387
Employer		1,332,557
Rollovers		532,209
Total Contributions		4,604,153
Investment income:		
Net appreciation in fair value of investments		(2,066,176)
Dividends		127,630
Interest on notes receivable from participants		1,774
Total investment income		(1,936,772)
Total additions		2,667,381
Deductions from net assets attributed to:		
Benefits paid to participant		12,918,568
Administrative expenses		77,986
Total deductions		12,996,554
Net decrease		(10,329,173)
Net assets available for benefits:		
Beginning of year		10,329,173
End of year	$	-

See Notes to Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES

The following description of the Mid-Atlantic Dental Partners 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On May 2, 2022 Mid-Atlantic Dental Partners was acquired by Western Dental Services, Inc., a leading Dental Support Organization (DSO).

Plan Termination - The Company had the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. By unanimous consent of the Board of Director of the Sponsor, the Company agreed to terminate the Plan effective June 20, 2022 (the “Termination Date”). As of the termination date, no additional benefits accrued under the Plan and all Plan participants became fully vested in their respective account balances in the Plan.

A termination amendment was adopted and other amendments required for the Plan to satisfy the tax-qualification requirements of section 401(a) of the Internal Revenue Code of 1986, as amended. Beginning in October 2022, participants could rollover their account balances to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century Investments, as custodian. All assets of the plan were distributed to participants by November 22, 2022.

General - The Plan was a multiple-employer defined contribution 401(k) plan covering all employees of Mid-Atlantic Dental Services Holdings, LLC and its controlled group members.; Jeffrey L Taylor and Associates, PC., MADSH Services LLC; Michael S. Ayes, D.D.S., and Associates P.C. and Mid-Atlantic Dental Partners Delaware, Professional Association and other participating employers (collectively, the Company) who have completed 90 days of service and are age 21 or older, except those active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. as described below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Plan investments are participant directed.

Effective January 1, 2021, active employees of DCP Equity Partners LLC and Birner Dental Management Services, Inc. were eligible to begin contributing to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Employees hired by those employers on or after January 1, 2021 had a six-month waiting period before becoming eligible to contribute to the Mid-Atlantic Dental Partners 401(k) Retirement Plan. Plan assets of the two entities were not transferred.

In February 2021, net assets of the Plan were transferred to Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company under a new custodial relationship.

In January 2022, net assets of the Plan were transferred from Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company to Reliance Trust Company under a new custodial relationship but remained net assets of the then-frozen DCP Equity Partners, LLC Savings Plan.

NOTE 1 – DESCRIPTION OF THE PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Con't)

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Participant accounts - Prior to termination, each participant's account was credited with the participant's deferred contribution and allocations of the Company's safe harbor contributions and Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the Plan.

Contributions - Participants could elect to defer on a pretax basis from their annual compensation up to the federal limitation. Additionally, participants could designate all or a portion of their contribution as a Roth contribution. Participants could also contribute amounts representing distributions from other qualified plans. In addition, participants over the age of 50, at the end of the Plan year, were eligible for catch-up contributions. Participants could direct the investment of their contributions and employer contributions into various investment options offered by the Plan.

The Company contributed a safe harbor matching contribution equal to 100% of each participant's deferred compensation up to 4% of compensation. Additionally, the Company may, at its discretion, make an additional discretionary contribution to the Plan in an amount determined by the Company. There was no discretionary contribution during 2022.

As a result of the plan termination the final contributions to the plan were received by June 21, 2022.

Vesting and Payments of Benefits – All plan participants became fully vested in their respective account balances in the Plan on the termination date. All plan assets were distributed on or before November 22, 2022.

Notes Receivable from Participants – Upon plan termination, participants with outstanding loans were able to either repay the outstanding balance of the loan or have the outstanding balance treated as a distribution. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan agreement.

Forfeitures - Forfeitures, if any, could be used to pay Plan administrative expenses and reduce future employer contributions to the Plan.

Administrative expenses - Certain Plan expenses were paid directly by the Company and are excluded from these financial statements. Participant level transactions fees are paid by the Plan.

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

NOTE 2 – CERTIFICATION OF PLAN ASSETS AND TRANSACTIONS

The Plan's investments were held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company, the custodians of the Plan through January 2022, and Reliance Trust Company from February 2022 through liquidation. The investment information disclosed in the accompanying financial statements on of December 31, 2021, was obtained or from information supplied to the Plan administrator and certified as complete and accurate by the Principal Life Insurance Company while the net appreciation in fair value of investments and interest and dividends for the period ended November 22, 2022 was obtained from information supplied to the Plan administrator and certified as complete and accurate by the Reliance Trust Company.

The information certified to as complete and accurate by Principal Life Insurance Company at December 31, 2021 included the following:

	2021
Assets	
Registered Investment Funds	**$ 9,949,544**
Pooled separate account	**51,402**
Common collective trust	**108,555**
	$ 10,109,501
Notes Receivable from Participants	**85,643**
	$ 10,195,144

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan ranks investments required to be reported at fair value in a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset. Observable inputs reflect the assumptions market participants would use in pricing the asset based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed based on the best information available in the circumstances. The three levels of the fair value hierarchy are described below:

Level 1 - Quoted prices in active markets for identical investment. The Plan's investments in mutual funds are considered Level 1 investments.

Level 2 - Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.). The Plan does not hold any Level 2 investments.

Level 3 - Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments). The Plan does not hold any Level 3 investments. See Note 1 for a description of the valuation methodologies used for assets measured at fair value

The Plan's investment in the pooled separate account as of December 31, 2021 is presented at NAV as a practical expedient to fair value, and therefore, has not been classified in the fair value hierarchy.

NOTE 3 – FAIR VALUE MEASUREMENTS (Con't)

The Plan's investments included a common collective trust. A common collective trust involves the pooling of assets of two or more unrelated plans at a financial institution to provide a single investment philosophy or objective applied in determining the selection of underlying investments. Each participating plan owns units of participation in the fair value of the assets underlying the trust. Thus, the *Common/CollectiveTrusts* are stated at net asset value at the end of the 2021 Plan year, which approximates market value.

NOTE 4 – PLAN TERMINATION

Beginning in October 2022, participants in the plan could rollover their account balances to the Western Dental Services, Inc. 401(k) plan including any outstanding loan balance, rollover their plan assets to an individual retirement account custodian of their choosing or request a lump-sum distribution. In the event a participant took no action, their account balance was rolled over to an individual retirement account in the name of the participant with American Century as custodian.

NOTE 5 – INCOME TAX STATUS

The Internal Revenue Service informed the volume submitter for this Plan by a letter dated March 31, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). In accordance with Revenue Procedure 2006-1 and Announcement 2001-77, the plan sponsor determined that it was eligible to rely on the IRS prototype plan opinion letter for the original plan, as amended. The plan administrator believes the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, that the Plan was qualified, and the related trust was tax exempt. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for plan years prior to 2018 The Plan administrator believes the Plan is designed and was operated in compliance with the applicable requirements of the IRC.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by Principal Life Insurance Company. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation of fair value of investments. See Note 1 for notes receivable from participants.

NOTE 7 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 8, 2022, the date which the financial statements were available to be issued. Other than as described in Notes 1 and 4, regarding the Plan termination no additional events or transactions are required to be disclosed or included in the financial statements.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 11/22/2022

A Name of plan
Mid-Atlantic Intermediate 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Element Dental Partners, LLC

D Employer Identification Number (EIN)
47-5036986

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): 42-0127290 57-1198022

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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____