

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 12/31/2022

- 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 <u>ASPEN DENTAL 401(K) PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>003</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASPEN DENTAL MANAGEMENT, INC.</u> <u>281 SANDERS CREEK PARKWAY</u> <u>EAST SYRACUSE, NY 13057</u> | 1c Effective date of plan <u>01/01/2014</u> 2b Employer Identification Number (EIN) <u>22-3635491</u> 2c Plan Sponsor's telephone number <u>315-454-6000</u> 2d Business code (see instructions) <u>621210</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/16/2023 | CORY ROSE |
| | 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 |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

| | |
|--|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 17822 |
| 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). | |
| 6a(1) Total number of active participants at the beginning of the plan year | 6a(1) 16349 |
| 6a(2) Total number of active participants at the end of the plan year | 6a(2) 20569 |
| b Retired or separated participants receiving benefits | 6b 133 |
| c Other retired or separated participants entitled to future benefits..... | 6c 1718 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 22420 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e 4 |
| f Total. Add lines 6d and 6e | 6f 22424 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g 9973 |
| 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: 2E 2F 2G 2J 2T | |
| 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) | |
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

| | | |
|---|--|------------|
| A Name of plan <u>ASPEN DENTAL 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASPEN DENTAL MANAGEMENT, INC.</u> | D Employer Identification Number (EIN) <u>22-3635491</u> | |

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

| | |
|----------------------|--|
| <u>DODGE AND COX</u> | <u>BOSTON FINANCIAL DATA SERVICES</u> <u>PO BOX 8422</u> <u>BOSTON, MA 02266</u> |
|----------------------|--|

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

| | |
|----------------------|---|
| <u>GOLDMAN SACHS</u> | <u>101 CONSTITUTION AVE NW</u> <u>WASHINGTON, DC 20001</u> |
|----------------------|---|

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

| | |
|---------------------|--|
| <u>HARBOR FUNDS</u> | <u>111 SOUTH WACKER DRIVE</u> <u>34TH FLOOR</u> <u>CHICAGO, IL 60606</u> |
|---------------------|--|

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

| | |
|--------------------------|--|
| <u>METROPOLITAN WEST</u> | <u>865 SOUTH FIGUEROA STREET</u> <u>LOS ANGELES, CA 90017</u> |
|--------------------------|--|

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

MFS DISTRIBUTORS INC

PO BOX 55824
BOSTON, MA 02205

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

NORTHERN TRUST

50 S LASALLE STREET
CHICAGO, IL 60603

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

VANGUARD MARKETING CORP

100 VANGUARD BLVD
MALVERN, PA 19355

(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

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(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)

T ROWE PRICE RPS INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

| (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 25 28 37 38 49 50 52 59 62 64 65 | NONE | 374555 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

CAPFINANCIAL PARTNERS LLC

PO BOX 60071
RALEIGH, NC 27675

| (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? |
|------------------------|---|--|--|--|---|--|
| 16 27 50 | NONE | 76425 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| T ROWE PRICE RPS INC | 15 21 25 28 37 38 49 50 52 59 62 64 65 | 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. |
|--|--|
| DODGE & COX INTL STOCK FUND BOSTON FINANCIAL DATA SERVICES PO BOX 8422 BOSTON, MA 02266 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1% |

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|---|---|
| <p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> | <p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection.</p> |
|---|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

| | | |
|--|---|------------|
| A Name of plan <u>ASPEN DENTAL 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
|--|---|------------|

| | |
|--|--|
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASPEN DENTAL MANAGEMENT, INC.</u> | D Employer Identification Number (EIN) <u>22-3635491</u> |
|--|--|

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INC TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>90-6083967-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2151317</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020 TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>90-6083982-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1478893</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>90-6083980-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5263630</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>90-6083978-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8648244</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>90-6083976-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12518502</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>90-6083974-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17071300</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 TR II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>90-6083972-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19634388</u> |
|---------------------------------------|-------------------------------|---|

| | | |
|--|------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 TR II | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083970-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24311114 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 TR II | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 27-6715091-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24896848 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 TR II | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 45-3799419-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11281712 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 TR II | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 82-6194314-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4529997 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE FUND - N | | |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY | | |
| c EIN-PN 52-1309931-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24721751 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND IND NL | | |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC. | | |
| c EIN-PN 45-6138589-088 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1694188 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT ALL CTRY EXUS INV MKT IND NL | | |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC. | | |
| c EIN-PN 45-6138589-125 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2588295 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND L | | |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC. | | |
| c EIN-PN 45-6138589-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28225142 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL EXT EQ MRKT IND DC NL | | |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC. | | |
| c EIN-PN 45-6138589-100 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8836136 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2070 TR II | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 87-7035538-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45 |

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND CT

b Name of sponsor of entity listed in (a): WILLMINGTON TRUST COLLECTIVE INVESTMENT TRUST

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 38-4126294-597 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9647865 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND CT

b Name of sponsor of entity listed in (a): WILLMINGTON TRUST COLLECTIVE INVESTMENT TRUST

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 38-4139822-616 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8075293 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE FUND

b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 57-1187281-003 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21325014 |
|--------------------------------|------------------------|--|

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) |
|-----------------|----------------------|---|

**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 **12/31/2022**

| | | | |
|--|--|---|-----|
| A Name of plan ASPEN DENTAL 401(K) PLAN | | B Three-digit plan number (PN) ► | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ASPEN DENTAL MANAGEMENT, INC. | | D Employer Identification Number (EIN) 22-3635491 | |

Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|------------------------------|------------------------|
| a Total noninterest-bearing cash..... | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions..... | 1b(1) | | |
| (2) Participant contributions..... | 1b(2) | | |
| (3) Other..... | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)..... | 1c(1) | | |
| (2) U.S. Government securities..... | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred..... | 1c(3)(A) | | |
| (B) All other..... | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred..... | 1c(4)(A) | | |
| (B) Common..... | 1c(4)(B) | | |
| (5) Partnership/joint venture interests..... | 1c(5) | | |
| (6) Real estate (other than employer real property)..... | 1c(6) | | |
| (7) Loans (other than to participants)..... | 1c(7) | | |
| (8) Participant loans..... | 1c(8) | 4008955 | 4854377 |
| (9) Value of interest in common/collective trusts..... | 1c(9) | 63094760 | 236899676 |
| (10) Value of interest in pooled separate accounts..... | 1c(10) | | |
| (11) Value of interest in master trust investment accounts..... | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities..... | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 248291555 | 85206636 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 315395270 | 326960689 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 315395270 | 326960689 |

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) | 20262035 | |
| (B) Participants..... | 2a(1)(B) | 53983499 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 16490943 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 90736477 |
| 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) | 280736 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 280736 |
| (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) | 2690490 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -21705556 |
| (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) | | -38575037 |
| c Other income | 2c | | 301478 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 33728588 |
| Expenses | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 21548124 | |
| (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) | | 21548124 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 11360 |
| h Interest expense..... | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 600 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 77124 | |
| (4) Other | 2i(4) | 525961 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4)..... | 2i(5) | | 603685 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 22163169 |
| Net Income and Reconciliation | | | |
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 11565419 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan..... | 2l(2) | | |

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **FIRLEY, MORAN, FREER & EASSA, CPA, PC**

(2) EIN: **16-1148763**

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:

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.)

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 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 | | | |

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

| | | |
|---|--|------------|
| A Name of plan <u>ASPEN DENTAL 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASPEN DENTAL MANAGEMENT, INC.</u> | D Employer Identification Number (EIN) <u>22-3635491</u> | |

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

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

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

| | |
|---|---|
| 1 | 0 |
|---|---|

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): 58-1428634

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

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

| | |
|---|--|
| 3 | |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Audited Financial Statements

ASPEN DENTAL 401(k) PLAN

December 31, 2022

Audited Financial Statements

ASPEN DENTAL 401(k) PLAN

December 31, 2022

| | |
|--|----|
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| Schedule of Assets (Held at End of Year) | 16 |



Firley, Moran, Freer & Eassa, CPA, P.C.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators
Aspen Dental 401(k) Plan
East Syracuse, New York

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

We have performed audits of the accompanying financial statements of Aspen Dental 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from T. Rowe Price Trust Company ("T. Rowe Price") as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

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

An Independently Owned Member, RSM US Alliance

RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each are separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Members of RSM US Alliance have access to RSM International resources through RSM US LLP but are not member firms of RSM International.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter--Supplemental Schedule Required by ERISA

The supplemental schedule of assets as of and for the year ended December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Sirley, Moran, Green & Esser, CPA, P.C.

Syracuse, New York
October 13, 2023

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASPEN DENTAL 401(k) PLAN

| | December 31, | |
|---|-----------------------|-----------------------|
| | 2022 | 2021 |
| ASSETS | | |
| Participant directed investments, at fair value | \$ 322,106,312 | \$ 311,386,315 |
| TOTAL INVESTMENTS | <u>322,106,312</u> | <u>311,386,315</u> |
| Receivables--notes from participants | 4,854,377 | 4,008,955 |
| TOTAL ASSETS | <u>326,960,689</u> | <u>315,395,270</u> |
| LIABILITIES | <u>-0-</u> | <u>-0-</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 326,960,689</u> | <u>\$ 315,395,270</u> |

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

ASPEN DENTAL 401(k) PLAN

| | Year ended December 31, | |
|---|------------------------------|------------------------------|
| | 2022 | 2021 |
| ADDITIONS | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ -0- | \$ 24,964,388 |
| Dividends | 2,690,490 | 13,586,783 |
| Other income | 301,478 | 176,758 |
| | <u>2,991,968</u> | <u>38,727,929</u> |
| Interest income on receivables--notes from participants | 280,736 | 236,827 |
| Contributions: | | |
| Participants' deferrals | 53,983,499 | 35,076,345 |
| Employer | 20,262,035 | 13,529,995 |
| Participants' rollovers | 16,490,943 | 5,416,472 |
| | <u>90,736,477</u> | <u>54,022,812</u> |
| TOTAL ADDITIONS | <u>94,009,181</u> | <u>92,987,568</u> |
| DEDUCTIONS | | |
| Deductions from net assets attributed to: | | |
| Net depreciation in fair value of investments | 60,280,593 | -0- |
| Benefits paid directly to participants | 21,548,124 | 20,839,887 |
| Deemed distributions of loans | 11,360 | 74,595 |
| Administrative expenses | 603,685 | 559,672 |
| | <u>82,443,762</u> | <u>21,474,154</u> |
| TOTAL DEDUCTIONS | <u>82,443,762</u> | <u>21,474,154</u> |
| NET INCREASE | <u>11,565,419</u> | <u>71,513,414</u> |
| Net assets available for benefits at beginning of year | <u>315,395,270</u> | <u>243,881,856</u> |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | <u><u>\$ 326,960,689</u></u> | <u><u>\$ 315,395,270</u></u> |

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE A--DESCRIPTION OF THE PLAN

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

General: The Plan is a defined contribution plan which provides a uniform retirement savings plan for all eligible employees of Aspen Dental Management Inc. (the Plan Sponsor or ADMI), and its subsidiaries and affiliated practice entities as participating employers in the Plan.

Effective January 1, 2023 the Plan Sponsor Board of Directors simultaneously approved Team TAG Services, LLC (TAG) to replace ADMI as Plan Sponsor and update the Plan name to TAG The Aspen Group 401(k) Plan.

The Plan is subject to the provisions of ERISA. The Plan Sponsor Board of Directors is responsible for oversight of the Plan. The 401(k) Plan Committee and the ERISA 3(38) Fiduciary determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Participant Eligibility: Effective November 2, 2021 Aspen Dental employees are eligible to participate in the Plan on the first day of the month after completing thirty days of service. Prior to November 2, 2021, employees were required to complete sixty days of service.

Contributions: Participants may contribute tax-deferred and after-tax Roth dollars through payroll deductions, as defined in the Plan. Current tax law limits each participant's total tax-deferred and Roth deferrals to \$20,500 and \$19,500 for 2022 and 2021, respectively. There is no age requirement for participant contributions. Additionally, if a participant has or is projected to attain age 50 before the end of the Plan year, the participant may make "catch-up" contributions as determined by the Internal Revenue Service (IRS). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Aspen Dental made safe harbor matching contributions equal to 100% of the first 3% of eligible wages deferred and 50% of the next 2% of eligible wages deferred.

Aspen Dental may also elect to make discretionary contributions to the Plan, although no such contributions were made for 2022 or 2021. Contributions are subject to certain IRS limitations.

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE A--DESCRIPTION OF THE PLAN--Continued

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) Aspen Dental's contributions, (b) Plan earnings or losses, and (c) administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are vested immediately in their contributions and Aspen Dental safe harbor matching contributions plus actual earnings or losses thereon.

Any additional Aspen Dental discretionary contributions to the Plan, outside of the safe harbor matching contributions, plus actual earnings or losses thereon, vest in accordance with the vesting schedules in the Plan document. The current vesting schedules are based on years of service, as defined by the Plan with certain exceptions, and are as follows for discretionary contributions only:

| <u>Years of Service</u> | <u>Percentage</u> |
|-------------------------|-------------------|
| Less than 1 | 0% |
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |

Aspen Dental discretionary matching contributions made under the Aspen Dental Management, Inc. 401(k) Profit Sharing Plan, which was frozen effective December 31, 2013 and merged into the Plan on October 16, 2017, vest in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percentage</u> |
|-------------------------|-------------------|
| 1 or less | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 70% |
| 5 | 100% |

Receivables--Notes From Participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. For purposes of this limitation, all loans from all plans maintained by Aspen Dental shall be aggregated. Loan terms are up to five years, unless the loan is for the purpose of acquiring a principal residence, then the maximum period shall be fifteen years. The loans are secured by up to 50% of the balance in the participant's account and bear a commercially reasonable rate of

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE A--DESCRIPTION OF THE PLAN--Continued

Receivables--Notes From Participants--Continued: interest established by the Plan Administrator. Participants are permitted to have only one loan outstanding at a time. Participants who rolled over loan balances from the Aspen Dental Management, Inc. 401(k) Profit Sharing Plan are permitted to retain all loans until repaid in full in accordance with the original amortization schedules. Principal and interest are paid in substantially level amortized payments, not less frequently than quarterly, over the term of the loan.

Payment of Benefits: Distributions from the Plan are available upon retirement, death, termination of employment, proven hardship, or disability. The Plan allows for lump-sum payment or installment payments in accordance with minimum distribution treasury regulations. If a participant's vested account balance is between \$1,000 and \$5,000, and they fail to make a distribution election, a lump-sum amount will be rolled over to an individual retirement account without their consent. If a participant's vested account balance is \$1,000 or less, and they fail to make a distribution election, a lump-sum amount will be paid to the participant without their consent. If a participant's account balance is over \$5,000 they are permitted to leave their money in the Plan.

Forfeited Accounts: Forfeitures of nonvested Aspen Dental discretionary contributions are applied to reduce Aspen Dental's matching and profit sharing contributions, or administrative expenses, as applicable. The total amount of forfeitures to be applied to future Aspen Dental matching and profit sharing contributions and administrative expenses totaled \$47,666 and \$31,351 as of December 31, 2022 and 2021, respectively. In both 2022 and 2021 no forfeited nonvested accounts were used to reduce Aspen Dental contributions or Plan administrative fees. Investment gains and losses in the forfeiture account during the year also impact the ending forfeited account balance.

NOTE B--SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE B--SIGNIFICANT ACCOUNTING POLICIES--Continued

Investment Valuation and Income Recognition: The Plan's investments in registered investment companies and collective trusts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note C for discussion of fair value measurements.

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

Receivables--Notes From Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by Aspen Dental and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are included in administrative expenses. Trustee fees, as applicable, are also included in administrative expenses.

Events Occurring After Reporting Date: The Plan's management has evaluated events and transactions that occurred between December 31, 2022 and October 13, 2023, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. Other than the matters disclosed in Note A, there were no such events or transactions identified by the Plan.

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE C--FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, "Fair Value Measurements and Disclosures", are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Registered investment companies: Valued at the daily closing price as reported by the registered investment company. Shares in registered investment companies held by the Plan are open-end shares that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The shares in registered investment companies held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE C--FAIR VALUE MEASUREMENTS--Continued

Collective investment trusts: Valued at the net asset value (NAV) of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is not a publicly quoted price in an active market and is computed in accordance with investment company measurement principles. The trusts are made up of a variety of index funds that are sponsored by T. Rowe Price, Northern Trust, MFS, and Vanguard. These index funds are structured to reproduce the returns from the Dow Jones U.S. Completion Total Stock Market Index, S&P 500 Index, a non U.S. World Wide Index, and an Aggregate Bond Index. With the exception of the Bond Fund all index funds (Market Funds) employ a replication technique which generally seeks to hold each index constituent in its proportional index weight.

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

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

| | Investments at Fair Value as of: | | | |
|---|----------------------------------|-----------------------|----------------|----------------------|
| | December 31, 2022 | | | |
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Registered investment companies | <u>\$ 85,206,636</u> | <u>\$-0-</u> | <u>\$-0-</u> | \$ 85,206,636 |
| Collective investment trusts ^(a) | | | | <u>236,899,676</u> |
| Total investments at fair value | | | | <u>\$322,106,312</u> |
| | December 31, 2021 | | | |
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| | Registered investment companies | <u>\$ 248,291,555</u> | <u>\$-0-</u> | <u>\$-0-</u> |
| Collective investment trusts ^(a) | | | | <u>63,094,760</u> |
| Total investments at fair value | | | | <u>\$311,386,315</u> |

^(a) In accordance with FASB ASC Topic 820-10, the collective investment trusts, which are measured at net asset value per share (or its equivalent), are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE C--FAIR VALUE MEASUREMENTS--Continued

The following table summarizes the investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2022 and 2021. There are no participant redemption restrictions for these investments:

| | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Participant Redemption Frequency (if currently eligible)</u> | <u>Plan Redemption Notice Period</u> |
|------------------------------|--------------------------|-----------------------------|---|--------------------------------------|
| | <u>December 31, 2022</u> | | | |
| Collective investment trusts | \$236,899,676 | N/A | Daily | 0-12 months |
| | <u>December 31, 2021</u> | | | |
| Collective investment trusts | \$ 63,094,760 | N/A | Daily | 0-12 months |

NOTE D--INFORMATION CERTIFIED AND PROVIDED
BY THE TRUSTEE (UNAUDITED)

The following is a summary of the Plan's asset information as of December 31, 2022 and 2021 and for the years then ended included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained a certification from T. Rowe Price, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets as of December 31, 2022 and 2021.

| | <u>2022</u> | <u>2021</u> |
|---|----------------------|----------------------|
| Shares in registered investment companies at fair value | <u>\$ 85,206,636</u> | <u>\$248,291,555</u> |
| Collective investment trusts at fair value | <u>\$236,899,676</u> | <u>\$ 63,094,760</u> |
| Receivables--notes from participants | <u>\$ 4,854,377</u> | <u>\$ 4,008,955</u> |

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE D--INFORMATION CERTIFIED AND PROVIDED BY THE TRUSTEE (UNAUDITED)--CONTINUED

T. Rowe Price also certified to the completeness and accuracy of \$(38,575,037) and \$21,758,530 of net (depreciation) appreciation in fair value of registered investment companies, \$(21,705,556) and \$3,205,858 of net investment (loss) gain in fair value of collective investment trusts, \$2,690,490 and \$13,586,783 of dividends, \$301,478 and \$176,758 of other income and \$280,736 and \$236,827 of interest income on receivables--notes from participants for the years ended December 31, 2022 and 2021, respectively.

NOTE E--PLAN TERMINATION

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

NOTE F--TAX STATUS

The IRS has determined and informed the Plan Sponsor by a letter dated April 24, 2018, that the Plan and related trust, as then designed, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

NOTES TO FINANCIAL STATEMENTS--Continued

ASPEN DENTAL 401(k) PLAN

December 31, 2022 and 2021

NOTE G--RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

The Plan issues loans to participants, which are secured by the balances in the participants accounts. The Plan invests in shares of registered investment companies and collective investment trusts with T. Rowe Price. These transactions qualify as party in interest transactions and are exempt from the prohibited transaction rules. Fees incurred by the Plan for the trustee services are included in administrative expenses. The Plan Sponsor pays directly any other fees related to the Plan's operations. The Plan also has a revenue sharing agreement where any other investment income earned is used to offset investment expenses.

NOTE H--RISKS AND UNCERTAINTIES

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Plan's Statements of Net Assets Available for Benefits.

NOTE I--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are reconciliations of net assets available for benefits per the accompanying 2022 and 2021 financial statements to the respective Form 5500:

| | <u>2022</u> | <u>2021</u> |
|--|------------------------------|------------------------------|
| Net assets available for benefits per financial statements | \$ 326,960,689 | \$ 315,395,270 |
| Differences in: | | |
| Investments | 4,854,377 | 4,008,955 |
| Receivables--notes from participants | <u>(4,854,377)</u> | <u>(4,008,955)</u> |
| Net assets available for benefits per Form 5500 | <u><u>\$ 326,960,689</u></u> | <u><u>\$ 315,395,270</u></u> |

ASPEN DENTAL 401(k) PLAN

EIN: 22-3635491 PLAN NUMBER: 003

December 31, 2022

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | ** (d) Cost | (e) Current value |
|-----|--|---|-------------------|-----------------------|
| | <u>Collective Investment Trusts:</u> | | | |
| | MFS Mid Cap Value Fund CT | Common Trust | \$ | 8,075,293 |
| | MFS Large Cap Val Cit CL CT | Common Trust | | 21,325,014 |
| | MFS Mid Cap Growth Fund CT | Common Trust | | 9,647,865 |
| * | TRP Stable Value Fund - N | Common Trust | | 24,721,751 |
| | NT Agg Bond Index Fund NL T4 | Common Trust | | 1,694,188 |
| | Northern Trust S&P 500 IDX 4 | Common Trust | | 28,225,142 |
| | Northern Trust EXT Eq IDK 4 | Common Trust | | 8,836,136 |
| | NT ACWI Ex-Us IMI FD DC NL T4 | Common Trust | | 2,588,295 |
| | Vanguard Target Ret INC TR II | Common Trust | | 2,151,317 |
| | Vanguard Target Ret 2020 TR II | Common Trust | | 1,478,893 |
| | Vanguard Target Ret 2025 TR II | Common Trust | | 5,263,630 |
| | Vanguard Target Ret 2030 TR II | Common Trust | | 8,648,244 |
| | Vanguard Target Ret 2035 TR II | Common Trust | | 12,518,502 |
| | Vanguard Target Ret 2040 TR II | Common Trust | | 17,071,300 |
| | Vanguard Target Ret 2045 TR II | Common Trust | | 19,634,388 |
| | Vanguard Target Ret 2050 TR II | Common Trust | | 24,311,114 |
| | Vanguard Target Ret 2055 TR II | Common Trust | | 24,896,848 |
| | Vanguard Target Ret 2060 TR II | Common Trust | | 11,281,712 |
| | Vanguard Target Ret 2065 TR II | Common Trust | | 4,530,000 |
| | Vanguard Target Ret 2070 TR II | Common Trust | | 44 |
| | | | | <u>\$ 236,899,676</u> |
| | <u>Registered Investment Companies:</u> | | | |
| | Dodge & Cox INTL Stock I | Mutual Fund | \$ | 27,302,766 |
| | Met West Total Return Bond PLN | Mutual Fund | | 10,910,337 |
| | INST Small-Cap Stock Fund | Mutual Fund | | 11,952,844 |
| | Goldman Sachs Small Cap Val R6 | Mutual Fund | | 6,272,680 |
| | U.S. Treasury Money Fund | Mutual Fund | | 578,325 |
| | Harbor Capital APP Retirement | Mutual Fund | | 28,189,684 |
| | | | | <u>\$ 85,206,636</u> |
| | Participant Loans | Interest rates ranging from 4.25% to 9.50% | \$ | <u>4,854,377</u> |

* Represents party in interest

** Cost omitted for participant directed accounts

Attachment to 2022 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: Aspen Dental 401(k) Plan
Plan Sponsor's Name: Aspen Dental Management, Inc.

EIN: 22-3635491
PN: 003

| Name of participating employer | EIN | Percent of total contributions for the 2022 plan year | Aggregate account balances at the end of 2022 attributable to participating employer |
|-------------------------------------|------------|---|--|
| Aspen Dental Management, Inc | 22-3635491 | 15.00% | \$ 11,139,707 |
| APEO, LLC | 47-1690947 | 65.40% | \$ 48,556,944 |
| ClearChoice Management Services, I | 20-3648245 | 17.10% | \$ 12,694,143 |
| Physicians Immediate Care LLC | 45-5360601 | 0.15% | \$ 112,874 |
| TAG Veterinary Support Services, LL | 88-3651256 | 1.09% | \$ 807,335 |
| VANJA ALAGIC DMD PLLC | 83-4238774 | 0.20% | \$ 151,576 |
| Youngchi Chang DDS PLLC | 84-3106452 | 0.03% | \$ 24,252 |
| CASEY CHO DDS PLLC | 84-1951461 | 0.14% | \$ 103,072 |
| Leslie Treherne-Fayton DDS PLLC | 61-1945051 | 0.04% | \$ 30,315 |
| Katie Breeze Heald DDS. PC | 83-2138066 | 0.20% | \$ 145,513 |
| Chaitanya Joopally DDS PLLC | 84-2637699 | 0.11% | \$ 84,883 |
| KATIE REBECCA MASTERS DMD PLLC | 83-4700761 | 0.15% | \$ 109,135 |
| MATHIEU P MURPHY DDS PLLC | 83-4230728 | 0.20% | \$ 151,576 |
| Yonathan Nigatu DDS PLLC | 85-3127437 | 0.05% | \$ 36,378 |
| Orbie E Ottey Jr DDS Professio | 83-2096886 | 0.03% | \$ 24,252 |
| Tracy Redden DMD PLLC | 85-3845629 | 0.06% | \$ 42,441 |
| Spouh DDS PLLC | 86-2143103 | 0.04% | \$ 30,315 |

| | |
|-------------------------|--------------------------|
| Plan Name | ASPEN DENTAL 401(K) PLAN |
| Plan Sponsor EIN | 22-3635491 |
| ERISA Plan # | 003 |
| Plan Year Ending | December 31, 2022 |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| Form/Schedule | Line # | Description | Attachment |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |

| | |
|-------------------------|--------------------------|
| Plan Name | ASPEN DENTAL 401(K) PLAN |
| Plan Sponsor EIN | 22-3635491 |
| ERISA Plan # | 003 |
| Plan Year Ending | December 31, 2022 |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |