

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: ULTRADENT PRODUCTS, INC. 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): ULTRADENT PRODUCTS, INC.
2b Employer Identification Number (EIN): 87-0336957
2c Plan Sponsor's telephone number: 801-553-4253
2d Business code (see instructions): 339110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	1596
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1262
	6a(2)	1341
	6b	3
	6c	325
	6d	1669
	6e	0
	6f	1669
	6g(1)	1304
6g(2)	1348	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ULTRADENT PRODUCTS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ULTRADENT PRODUCTS, INC.	D Employer Identification Number (EIN) 87-0336957	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

SOLTIS INVESTMENT ADVISORS LLC

27-3188744

(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?
26 27 51	ADVISOR/INVESTMENT ADV	192629	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	34824	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)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	27693	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"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ARTISAN MID CAP INV - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COHEN & STEERS RLTY - SS&C GIDS, I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
GP INTL OPP INV - ULTIMUS FUND SOL 31-1663251	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
INVS GOLD SPL MIN A - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MFS MID CAP VALUE R4 - MFS SERVICE 04-2865649	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OAKMARK FUND INV - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OAKMARK INTL INV - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA BAL CONSV 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA BAL GROWTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA BAL MODERATE 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA DIVERSFD BOND 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA GLOBAL GROWTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA INCOME GROWTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA LARGE CAP GRTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2020 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2025 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2030 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2035 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2040 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2045 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2050 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2055 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
SIA TD 2060 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
WM BLAIR INTL GRTH N - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
EDGEWOOD GROWTH FD RETAIL CL 1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ARTISAN MID CAP 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
BAIRD CORE PLUS BOND FD INVT CL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.27%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
CASCADE PRIVATE CAPT FD INSTL 4640 ADMIRALTY WAY 11TH FL MARINA DEL REY, CA 90292	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
CLIFFWATER CORPORATELENDING FD I 4640 ADMIRALTY WAY 11TH FL MARINA DEL REY, CA 90292	0.18%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
CLIFFWATER ENHANCED LENDING FD IN 4640 ADMIRALTY WAY 11TH FL MARINA DEL REY, CA 90292	0.18%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COHEN & STEERS REALTY SHARES 280 PARK AVE 10TH FL NEW YORK, NY 10017	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
GRANDEUR PEAK INTL OPPORT FD INST 1290 BROADWAY STREET SUITE 1100 DENVER, CO 80203	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
GRANDEUR PEAK GLOBAL STALWARTS INS 1290 BROADWAY STREET SUITE 1100 DENVER, CO 80203	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OAKMARK INTL ADVISOR FD 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OAKMARK FD ADVISORCL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MFS MID CAP VALUE FD CL I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MFS INTERNATIONAL EQUITY FD CL I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIMCO INC CL I3 1633 BROADWAY NEW YORK, NY 10019	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
BOSTON PARTNERS SM CAP VALUE II IN 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
REDWOOD REAL ESTATE INC FD I 1117 S. ROBERTSON BLVD SCOTTSDALE, AZ 85251	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
STONERIDGE DIVERSIFI ALTERNATIVE F 510 MADISON AVE NEW YORK, NY 10022	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
VARIANT ALTERNATIVE INC FD INS 10300 SW GREENBURG ROAD STE 308 PORTLAND, OR 97223	0.20%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
WASATCH SM CAP GROWTH FD INSTL 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
WASATCH SM CAP VALUE INSTITUTION 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ULTRADENT PRODUCTS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ULTRADENT PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>87-0336957</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TD 2025 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1286100-001</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>929543</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TD 2030 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1300171-001</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>3074596</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TD 2050 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1373905-001</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>3475377</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TD 2055 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1392402-001</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>3319967</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TD 2060 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1401342-001</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>2177360</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TD 2020 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1273151-001</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>255477</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA GLOBAL GROWTH 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST COMPANY</u>		
c EIN-PN <u>83-1466030-001</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>7937732</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA BAL CONSV 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1527285-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2330211
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA DIVERSFD BOND 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-3084851-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64158
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA LARGE CAP GRTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1419179-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5705340
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA BAL GROWTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1482059-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13934042
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA INCOME GROWTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1580447-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 388997
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2035 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1318731-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2818351
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2040 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1335569-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3043781
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA BAL MODERATE 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1512343-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7936363
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE A		
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) 2079798
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2045 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1358106-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4807783

SCHEDULE H (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ULTRADENT PRODUCTS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ULTRADENT PRODUCTS, INC.	D Employer Identification Number (EIN) 87-0336957

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	163094	627748
(2) U.S. Government securities	1c(2)	287375	203965
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	211925
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	451509	843541
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1527248	1736527
(9) Value of interest in common/collective trusts	1c(9)	56085288	64278876
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35947924	42189521
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	16100	101232

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	94478538	110193335
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	94478538	110193335

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)	3398704	
(B) Participants.....	2a(1)(B)	7097210	
(C) Others (including rollovers).....	2a(1)(C)	334471	
(2) Noncash contributions.....	2a(2)	0	10830385
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22373	142675
(B) U.S. Government securities.....	2b(1)(B)	999	
(C) Corporate debt instruments.....	2b(1)(C)	4150	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	115153	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		142675
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	1486677
(B) Common stock.....	2b(2)(B)	2890	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1483787	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1486677
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	11684524	349649
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11334875	
(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)	0	23452
(B) Other.....	2b(5)(B)	23452	
(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)		6915168
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3352426
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		23100432

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7173468	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7173468
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	-8155	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	220322	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		212167
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7385635

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15714797
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: JONES SIMKINS LLC.

(2) EIN: 46-1592906

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ULTRADENT PRODUCTS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ULTRADENT PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>87-0336957</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	
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): <u>04-6568107</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

ULTRADENT PRODUCTS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

**As of December 31, 2024 and 2023 and for the
Year Ended December 31, 2024**



ULTRADENT PRODUCTS, INC. 401(k) PLAN
INDEX TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023 and for the
Year Ended December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Ultradent Products, Inc. 401(k) Plan

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

We have performed audits of the financial statements of Ultradent Products, Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule as outlined in the index to financial statements is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



JONES SIMKINS LLC
Salt Lake City, Utah
July 15, 2025

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value	\$ 108,456,808	92,951,290
Notes receivable from participants	<u>1,736,527</u>	<u>1,527,248</u>
Net assets available for benefits	<u>\$ 110,193,335</u>	<u>94,478,538</u>

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

Additions:

Investment income:

Net change in fair value of investments	\$ 12,154,894
Less investment fees and expenses	<u>(212,167)</u>
	<u>11,942,727</u>

Interest income on notes receivable from participants	<u>115,153</u>
---	----------------

Contributions:

Participants	7,097,210
Employer	3,398,704
Rollovers	<u>334,471</u>
	<u>10,830,385</u>

Total additions	<u>22,888,265</u>
-----------------	-------------------

Deductions:

Benefits paid to participants	<u>7,173,468</u>
-------------------------------	------------------

Total deductions	<u>7,173,468</u>
------------------	------------------

Net increase	15,714,797
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Net assets available for benefits:

Beginning of year	<u>94,478,538</u>
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End of year	<u><u>\$ 110,193,335</u></u>
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The accompanying notes are an integral part of these financial statements.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the Ultradent Products, Inc. (the Company) 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 covering all full-time employees of the Company who are 18 years or older and have completed two months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Administrative Committee.

Contributions

Each year, participants may contribute a percentage of their annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their account balances into various investment options offered by the Plan. The Company makes a safe harbor matching contribution equal to 100% of the participants' salary deferrals that do not exceed 3% of participant compensation plus 50% of participants' salary deferrals between 3% and 5% of participant compensation. The discretionary Company matching contributions are invested as directed by the participant. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. 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.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan (continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts prior to January 1, 2015 is based on years of continuous service. A participant vests 20 percent for each year of credited service and is 100 percent vested after 5 years of credited service. For Company contributions after January 1, 2015, participants are immediately vested in this portion of their accounts.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the trustee of the Plan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, or termination of service, a participant may elect to receive a lump sum or any number of partial withdrawals equal to the value of the participant's vested interest in his or her account balance.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$171 and \$3,654, respectively. Forfeited nonvested accounts will be used to reduce Company matching contributions or pay allowable administrative expenses. During the year ended December 31, 2024, the Plan used \$4,010 in forfeited nonvested accounts to reduce Company matching contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity 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.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors and trustees.

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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances 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.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefits are recorded when paid.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (continued)

Expenses

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

Note 3 – Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net change in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Personal Trust Company (Fidelity) (the trustee of the Plan), a qualified institution.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 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; 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.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

The fair value of mutual funds is valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Plan's investments using NAV are composed of collective trust funds, which are measured daily and may require a redemption notice of 30 days, however, redemptions generally occur on a daily basis. The collective trust funds have no unfunded commitments.

The fair value of target date funds is valued by the Plan's investment advisor and are comprised of open-end mutual funds that are registered with the Securities and Exchange Commission. The target date funds do not require a redemption notice and generally occur on a daily basis.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023.

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Fair value hierarchy:				
Target date funds	\$ -	62,199,078	-	62,199,078
Mutual funds	42,189,521	-	-	42,189,521
Common stocks	843,541	-	-	843,541
Money market funds	627,748	-	-	627,748
Corporate bonds	-	211,925	-	211,925
Government bonds	-	203,965	-	203,965
Options	-	101,232	-	101,232
				106,377,010
Investments measured at net asset value:				
Collective trust fund				2,079,798
Total investments at fair value				\$ 108,456,808

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Fair value hierarchy:				
Target date funds	\$ -	54,015,984	-	54,015,984
Mutual funds	35,947,924	-	-	35,947,924
Common stocks	451,509	-	-	451,509
Government bonds	-	287,375	-	287,375
Money market funds	163,094	-	-	163,094
Options	-	16,100	-	16,100
				90,881,986
Investments measured at net asset value:				
Collective trust fund				2,069,304
Total investments at fair value				\$ 92,951,290

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

In accordance with ASC 820-10, investments that were measured at net asset value per share (or its equivalent) have not been 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 statements of net assets available for benefits.

Note 5 – Party-In-Interest Transactions

Fidelity provides record keeping services to the Plan and certain Plan investments are in accounts and contracts administered by Fidelity.

Soltis Investment Advisors (Soltis) is the investment advisor to the Plan and certain Plan investments are in accounts and contracts administered by Soltis.

These party-in interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 6 – Plan Termination

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

Note 7 – Tax Status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan management to evaluate the positions taken by the Plan and recognize a tax liability for any uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8 - Risks and Uncertainties

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

Note 9 – Reconciliation of Financial Statements to Schedule H of Form 5500

The amount of net assets available for benefits and the changes in net assets available for benefits per the financial statements agree to the amounts shown in Schedule H of Form 5500. However, there are certain presentation differences between the financial statements and Schedule H of Form 5500.

Note 10 – Subsequent Events

The Plan evaluated its December 31, 2024 financial statements for subsequent events through July 15, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2024

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, 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
		Mutual Funds:		
	Vanguard	Vanguard 500 Index Adm	n/a	\$ 12,746,271
	Oakmark	Oakmark I Fund	n/a	4,692,938
	Dodge & Cox	Income X (DOXIX)	n/a	3,030,803
	MFS	Mid Cap Value R4	n/a	2,681,728
	Vanguard	Vanguard Mid Cap Index Fund	n/a	2,182,169
	Oakmark	Oakmark International Investor	n/a	1,898,630
	T. Rowe Price	T. Rowe Price QM US Small-Cap	n/a	1,689,617
	Vanguard	Vanguard Emerging Markets Small Cap	n/a	1,683,894
	Artisan	Artisan Mid Cap	n/a	1,322,421
	Pimco	Pimco Income Fund Institutional Class (PIMIX)	n/a	1,283,075
*	Fidelity Investments	Fidelity External Fund	n/a	1,270,660
	Vanguard	Vanguard Developed Markets Index Fund	n/a	1,213,988
	Cohen & Steers	Cohen & Steers Realty Shares	n/a	1,095,134
	Vanguard	Vanguard Small Cap Index Fund	n/a	1,023,622
	William Blair	William Blair Int'l Growth	n/a	930,844
*	Fidelity Investments	Fidelity Unit Shares	n/a	831,280
	Vanguard	Vanguard Total Bond Market Index Admiral	n/a	683,265
	Grandeur Peak	Grandeur Peak International Opportunities	n/a	472,957
*	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund	n/a	450,189
*	Fidelity Investments	Fidelity Emerging Markets	n/a	404,619
*	Fidelity Investments	Fidelity Zero Large Cap Index Fund	n/a	305,384
	Invesco	Invesco Gold & Special Minerals Fund Class A	n/a	296,033
		Target Date Funds:		
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Growth 2	n/a	13,934,041
*	Soltis Investment Advisors	Soltis Investment Advisors Global Growth 2	n/a	7,937,733
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Moderate 2	n/a	7,936,363
*	Soltis Investment Advisors	Soltis Investment Advisors Large Cap Growth 2	n/a	5,705,340
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2045 2	n/a	4,807,783
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2050 2	n/a	3,475,377
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2055 2	n/a	3,319,967
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2030 2	n/a	3,074,596
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2040 2	n/a	3,043,781
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2035 2	n/a	2,818,351
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Conservative 2	n/a	2,330,211
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2060 2	n/a	2,177,360
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2025 2	n/a	929,543
*	Soltis Investment Advisors	Soltis Investment Advisors Income Growth 2	n/a	388,997
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2020 2	n/a	255,477
*	Soltis Investment Advisors	Soltis Investment Advisors Diversified Bond 2	n/a	64,158
		Collective Trust Fund:		
	T. Rowe Price	T. Rowe Price Stable Value A	n/a	2,079,798
		Common Stocks:		
	Tesla Motors Inc	423 shares of common stock	n/a	170,822
	Nvidia Corp	1,043 shares of common stock	n/a	140,070
	Palantir Technologies Inc	1,065 shares of common stock	n/a	80,546
	Abbott Laboratories	250 shares of common stock	n/a	28,278
	Intel Corp	1,379 shares of common stock	n/a	27,649
	Nio Inc	6,214 shares of common stock	n/a	27,094
	Proshares TR Short S&P 500	596 shares of common stock	n/a	25,249
	Li-cycle Holdings Corp	13,750 shares of common stock	n/a	24,613

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2024

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, 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 (continued)
	Common Stocks:			
	Sofi Technologies Inc	1,300 shares of common stock	n/a	20,020
	Microsoft Corp	46 shares of common stock	n/a	19,563
	Rivian Automotive Inc	1,000 shares of common stock	n/a	13,300
	Intuit Inc	20 shares of common stock	n/a	12,643
	Boeing Co	70 shares of common stock	n/a	12,390
	Advanced Micro Devices Inc	100 shares of common stock	n/a	12,079
	Poet Technologies Inc	2,000 shares of common stock	n/a	11,900
	Alibaba Group Holdings LTD	140 shares of common stock	n/a	11,897
	Amazon.com Inc.	52 shares of common stock	n/a	11,408
	Alphabet Inc CL A	60 shares of common stock	n/a	11,384
	Robinhood Markets Inc	300 shares of common stock	n/a	11,178
	Shopify Inc	100 shares of common stock	n/a	10,633
	Proshares TR Ultrapro SRT DOW	203 shares of common stock	n/a	10,261
	Vinfast Auto LTD	2,500 shares of common stock	n/a	10,075
	Warner Bros Discovery Inc	785 shares of common stock	n/a	8,297
	Coinbase Global Inc	33 shares of common stock	n/a	8,180
	Mastercard Inc CL A	15 shares of common stock	n/a	7,920
	Fidelity Ethereum Fund	226 shares of common stock	n/a	7,534
	Disney (Walt) co Com Stk	60 shares of common stock	n/a	6,690
	Upstart Holdings Inc	100 shares of common stock	n/a	6,157
	Asana Inc CL A	300 shares of common stock	n/a	6,081
	Estee Lauder Companies Inc	74 shares of common stock	n/a	5,581
	Align Technology Inc	25 shares of common stock	n/a	5,246
	Visa Inc CL A	16 shares of common stock	n/a	5,076
	Alphabet Inc CL C	25 shares of common stock	n/a	4,761
	Snowflake Inc	30 shares of common stock	n/a	4,632
	ADMA Biologics Inc	263 shares of common stock	n/a	4,508
	AMC Entertainment Holdings Inc	1,100 shares of common stock	n/a	4,378
	Square Inc	50 shares of common stock	n/a	4,250
	Freshworks Inc	250 shares of common stock	n/a	4,043
	Applovin Corp	12 shares of common stock	n/a	3,886
	Aris Water Solutions Inc	160 shares of common stock	n/a	3,832
	Nike Inc Class B	50 shares of common stock	n/a	3,784
	Salesforce Inc	11 shares of common stock	n/a	3,678
	Reddit Inc CL A	22 shares of common stock	n/a	3,624
	Southern Copper Corp	34 shares of common stock	n/a	3,081
	Clesius Holding Inc	100 shares of common stock	n/a	2,634
	Mobiley Global Inc	100 shares of common stock	n/a	1,992
	Lululemon Athletica Inc	5 shares of common stock	n/a	1,912
	Crispr Therapeutics	48 shares of common stock	n/a	1,889
	BYD Co LTD	25 shares of common stock	n/a	1,699
	Sandstorm Gold Limited	283 shares of common stock	n/a	1,579
	Skyworks Solutions Inc	16 shares of common stock	n/a	1,444
	First Majestic Silver Corp	249 shares of common stock	n/a	1,368
	Phillips 66	10 shares of common stock	n/a	1,164
	Corsair Gaming Inc	173 shares of common stock	n/a	1,141
	Bitwise Funds Trust	45 shares of common stock	n/a	1,079
	Apple Computer Inc	4 shares of common stock	n/a	1,005
	Biovie Inc CL A	500 shares of common stock	n/a	1,000
	Barclays PLC	20 shares of common stock	n/a	916
	Albemarle Corp	10 shares of common stock	n/a	873
	Proshares TR Ultrapro SHT QQQ	23 shares of common stock	n/a	704
	Target Corp	5 shares of common stock	n/a	676
	Teladoc Inc	74 shares of common stock	n/a	673

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2024

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, 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 (continued)
		Common Stocks:		
	Finwise Bancorp	40 shares of common stock	n/a	639
	Metalla Royalty & Streaming LTD	133 shares of common stock	n/a	335
	Avant Brands Inc	583 shares of common stock	n/a	211
	Avino Silver & Gold Mines	200 shares of common stock	n/a	176
	Direxion SHS ETF	2 shares of common stock	n/a	96
	Proshares TR Ultrashort Semic	2 shares of common stock	n/a	55
	Canoo Inc	7 shares of common stock	n/a	10
	Solar Integrated Roofing Corp	36 shares of common stock	n/a	-
		Corporate Bonds:		
	BNP Parabis	\$50,000 Corporate Bond; maturity 6/1/2027	n/a	54,235
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 6/5/2028	n/a	54,895
	GS Fin Corp	\$50,000 Corporate Bond; maturity 7/13/2026	n/a	51,520
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 7/17/2029	n/a	51,275
		Government Bonds:		
	United States Treasury	\$76,000; US Treasury Note; maturity date 4/24/2025	n/a	75,018
	United States Treasury	\$65,000; US Treasury Note; maturity date 10/31/2025; .25% interest	n/a	62,905
	United States Treasury	\$44,000; US Treasury Note; maturity date 11/15/2025; 2.25% interest	n/a	43,247
	United States Treasury	\$18,000; US Treasury Note; maturity date 1/23/2025	n/a	17,955
	United States Treasury	\$3,000; US Treasury Note; maturity date 8/31/2029	n/a	2,842
	United States Treasury	\$2,000; US Treasury Note; maturity date 1/9/2025	n/a	1,998
		Options		
*	Fidelity Investments	Fidelity Option	n/a	101,232
		Money Market:		
*	Fidelity Investments	Fidelity Cash Reserves	n/a	600,476
*	Fidelity Investments	Fidelity Government Money Market	n/a	27,272
		Receivables:		
*	Notes receivable from participants	Loans to participants at interest rates ranging from 1% to 9.5%, with maturities through January 2037.	-	1,736,527
	Total assets held for investment purposes		\$	<u>110,193,335</u>

* - Denotes a party-in-interest

ULTRADENT PRODUCTS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

**As of December 31, 2024 and 2023 and for the
Year Ended December 31, 2024**



ULTRADENT PRODUCTS, INC. 401(k) PLAN
INDEX TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023 and for the
Year Ended December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Ultradent Products, Inc. 401(k) Plan

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

We have performed audits of the financial statements of Ultradent Products, Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule as outlined in the index to financial statements is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



JONES SIMKINS LLC
Salt Lake City, Utah
July 15, 2025

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value	\$ 108,456,808	92,951,290
Notes receivable from participants	<u>1,736,527</u>	<u>1,527,248</u>
Net assets available for benefits	<u>\$ 110,193,335</u>	<u>94,478,538</u>

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

Additions:

Investment income:

Net change in fair value of investments	\$ 12,154,894
Less investment fees and expenses	<u>(212,167)</u>
	<u>11,942,727</u>

Interest income on notes receivable from participants	<u>115,153</u>
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Contributions:

Participants	7,097,210
Employer	3,398,704
Rollovers	<u>334,471</u>
	<u>10,830,385</u>

Total additions	<u>22,888,265</u>
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Deductions:

Benefits paid to participants	<u>7,173,468</u>
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Total deductions	<u>7,173,468</u>
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Net increase	15,714,797
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Net assets available for benefits:

Beginning of year	<u>94,478,538</u>
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End of year	<u><u>\$ 110,193,335</u></u>
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The accompanying notes are an integral part of these financial statements.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the Ultradent Products, Inc. (the Company) 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 covering all full-time employees of the Company who are 18 years or older and have completed two months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Administrative Committee.

Contributions

Each year, participants may contribute a percentage of their annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their account balances into various investment options offered by the Plan. The Company makes a safe harbor matching contribution equal to 100% of the participants' salary deferrals that do not exceed 3% of participant compensation plus 50% of participants' salary deferrals between 3% and 5% of participant compensation. The discretionary Company matching contributions are invested as directed by the participant. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. 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.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan (continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts prior to January 1, 2015 is based on years of continuous service. A participant vests 20 percent for each year of credited service and is 100 percent vested after 5 years of credited service. For Company contributions after January 1, 2015, participants are immediately vested in this portion of their accounts.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the trustee of the Plan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, or termination of service, a participant may elect to receive a lump sum or any number of partial withdrawals equal to the value of the participant's vested interest in his or her account balance.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$171 and \$3,654, respectively. Forfeited nonvested accounts will be used to reduce Company matching contributions or pay allowable administrative expenses. During the year ended December 31, 2024, the Plan used \$4,010 in forfeited nonvested accounts to reduce Company matching contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity 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.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors and trustees.

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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances 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.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefits are recorded when paid.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (continued)

Expenses

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

Note 3 – Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net change in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Personal Trust Company (Fidelity) (the trustee of the Plan), a qualified institution.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 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; 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.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

The fair value of mutual funds is valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Plan's investments using NAV are composed of collective trust funds, which are measured daily and may require a redemption notice of 30 days, however, redemptions generally occur on a daily basis. The collective trust funds have no unfunded commitments.

The fair value of target date funds is valued by the Plan's investment advisor and are comprised of open-end mutual funds that are registered with the Securities and Exchange Commission. The target date funds do not require a redemption notice and generally occur on a daily basis.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023.

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Fair value hierarchy:				
Target date funds	\$ -	62,199,078	-	62,199,078
Mutual funds	42,189,521	-	-	42,189,521
Common stocks	843,541	-	-	843,541
Money market funds	627,748	-	-	627,748
Corporate bonds	-	211,925	-	211,925
Government bonds	-	203,965	-	203,965
Options	-	101,232	-	101,232
				106,377,010
Total assets in fair value hierarchy				
Investments measured at net asset value:				
Collective trust fund				2,079,798
				\$ 108,456,808
Total investments at fair value				

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Fair value hierarchy:				
Target date funds	\$ -	54,015,984	-	54,015,984
Mutual funds	35,947,924	-	-	35,947,924
Common stocks	451,509	-	-	451,509
Government bonds	-	287,375	-	287,375
Money market funds	163,094	-	-	163,094
Options	-	16,100	-	16,100
				90,881,986
Total assets in fair value hierarchy				
Investments measured at net asset value:				
Collective trust fund				2,069,304
				\$ 92,951,290
Total investments at fair value				

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

In accordance with ASC 820-10, investments that were measured at net asset value per share (or its equivalent) have not been 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 statements of net assets available for benefits.

Note 5 – Party-In-Interest Transactions

Fidelity provides record keeping services to the Plan and certain Plan investments are in accounts and contracts administered by Fidelity.

Soltis Investment Advisors (Soltis) is the investment advisor to the Plan and certain Plan investments are in accounts and contracts administered by Soltis.

These party-in interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 6 – Plan Termination

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

Note 7 – Tax Status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan management to evaluate the positions taken by the Plan and recognize a tax liability for any uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

ULTRADENT PRODUCTS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8 - Risks and Uncertainties

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

Note 9 – Reconciliation of Financial Statements to Schedule H of Form 5500

The amount of net assets available for benefits and the changes in net assets available for benefits per the financial statements agree to the amounts shown in Schedule H of Form 5500. However, there are certain presentation differences between the financial statements and Schedule H of Form 5500.

Note 10 – Subsequent Events

The Plan evaluated its December 31, 2024 financial statements for subsequent events through July 15, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2024

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, 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
		Mutual Funds:		
	Vanguard	Vanguard 500 Index Adm	n/a	\$ 12,746,271
	Oakmark	Oakmark I Fund	n/a	4,692,938
	Dodge & Cox	Income X (DOXIX)	n/a	3,030,803
	MFS	Mid Cap Value R4	n/a	2,681,728
	Vanguard	Vanguard Mid Cap Index Fund	n/a	2,182,169
	Oakmark	Oakmark International Investor	n/a	1,898,630
	T. Rowe Price	T. Rowe Price QM US Small-Cap	n/a	1,689,617
	Vanguard	Vanguard Emerging Markets Small Cap	n/a	1,683,894
	Artisan	Artisan Mid Cap	n/a	1,322,421
	Pimco	Pimco Income Fund Institutional Class (PIMIX)	n/a	1,283,075
*	Fidelity Investments	Fidelity External Fund	n/a	1,270,660
	Vanguard	Vanguard Developed Markets Index Fund	n/a	1,213,988
	Cohen & Steers	Cohen & Steers Realty Shares	n/a	1,095,134
	Vanguard	Vanguard Small Cap Index Fund	n/a	1,023,622
	William Blair	William Blair Int'l Growth	n/a	930,844
*	Fidelity Investments	Fidelity Unit Shares	n/a	831,280
	Vanguard	Vanguard Total Bond Market Index Admiral	n/a	683,265
	Grandeur Peak	Grandeur Peak International Opportunities	n/a	472,957
*	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund	n/a	450,189
*	Fidelity Investments	Fidelity Emerging Markets	n/a	404,619
*	Fidelity Investments	Fidelity Zero Large Cap Index Fund	n/a	305,384
	Invesco	Invesco Gold & Special Minerals Fund Class A	n/a	296,033
		Target Date Funds:		
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Growth 2	n/a	13,934,041
*	Soltis Investment Advisors	Soltis Investment Advisors Global Growth 2	n/a	7,937,733
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Moderate 2	n/a	7,936,363
*	Soltis Investment Advisors	Soltis Investment Advisors Large Cap Growth 2	n/a	5,705,340
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2045 2	n/a	4,807,783
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2050 2	n/a	3,475,377
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2055 2	n/a	3,319,967
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2030 2	n/a	3,074,596
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2040 2	n/a	3,043,781
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2035 2	n/a	2,818,351
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Conservative 2	n/a	2,330,211
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2060 2	n/a	2,177,360
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2025 2	n/a	929,543
*	Soltis Investment Advisors	Soltis Investment Advisors Income Growth 2	n/a	388,997
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2020 2	n/a	255,477
*	Soltis Investment Advisors	Soltis Investment Advisors Diversified Bond 2	n/a	64,158
		Collective Trust Fund:		
	T. Rowe Price	T. Rowe Price Stable Value A	n/a	2,079,798
		Common Stocks:		
	Tesla Motors Inc	423 shares of common stock	n/a	170,822
	Nvidia Corp	1,043 shares of common stock	n/a	140,070
	Palantir Technologies Inc	1,065 shares of common stock	n/a	80,546
	Abbott Laboratories	250 shares of common stock	n/a	28,278
	Intel Corp	1,379 shares of common stock	n/a	27,649
	Nio Inc	6,214 shares of common stock	n/a	27,094
	Proshares TR Short S&P 500	596 shares of common stock	n/a	25,249
	Li-cycle Holdings Corp	13,750 shares of common stock	n/a	24,613

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2024

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, 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 (continued)
	Common Stocks:			
	Sofi Technologies Inc	1,300 shares of common stock	n/a	20,020
	Microsoft Corp	46 shares of common stock	n/a	19,563
	Rivian Automotive Inc	1,000 shares of common stock	n/a	13,300
	Intuit Inc	20 shares of common stock	n/a	12,643
	Boeing Co	70 shares of common stock	n/a	12,390
	Advanced Micro Devices Inc	100 shares of common stock	n/a	12,079
	Poet Technologies Inc	2,000 shares of common stock	n/a	11,900
	Alibaba Group Holdings LTD	140 shares of common stock	n/a	11,897
	Amazon.com Inc.	52 shares of common stock	n/a	11,408
	Alphabet Inc CL A	60 shares of common stock	n/a	11,384
	Robinhood Markets Inc	300 shares of common stock	n/a	11,178
	Shopify Inc	100 shares of common stock	n/a	10,633
	Proshares TR Ultrapro SRT DOW	203 shares of common stock	n/a	10,261
	Vinfast Auto LTD	2,500 shares of common stock	n/a	10,075
	Warner Bros Discovery Inc	785 shares of common stock	n/a	8,297
	Coinbase Global Inc	33 shares of common stock	n/a	8,180
	Mastercard Inc CL A	15 shares of common stock	n/a	7,920
	Fidelity Ethereum Fund	226 shares of common stock	n/a	7,534
	Disney (Walt) co Com Stk	60 shares of common stock	n/a	6,690
	Upstart Holdings Inc	100 shares of common stock	n/a	6,157
	Asana Inc CL A	300 shares of common stock	n/a	6,081
	Estee Lauder Companies Inc	74 shares of common stock	n/a	5,581
	Align Technology Inc	25 shares of common stock	n/a	5,246
	Visa Inc CL A	16 shares of common stock	n/a	5,076
	Alphabet Inc CL C	25 shares of common stock	n/a	4,761
	Snowflake Inc	30 shares of common stock	n/a	4,632
	ADMA Biologics Inc	263 shares of common stock	n/a	4,508
	AMC Entertainment Holdings Inc	1,100 shares of common stock	n/a	4,378
	Square Inc	50 shares of common stock	n/a	4,250
	Freshworks Inc	250 shares of common stock	n/a	4,043
	Applovin Corp	12 shares of common stock	n/a	3,886
	Aris Water Solutions Inc	160 shares of common stock	n/a	3,832
	Nike Inc Class B	50 shares of common stock	n/a	3,784
	Salesforce Inc	11 shares of common stock	n/a	3,678
	Reddit Inc CL A	22 shares of common stock	n/a	3,624
	Southern Copper Corp	34 shares of common stock	n/a	3,081
	Clesius Holding Inc	100 shares of common stock	n/a	2,634
	Mobiley Global Inc	100 shares of common stock	n/a	1,992
	Lululemon Athletica Inc	5 shares of common stock	n/a	1,912
	Crispr Therapeutics	48 shares of common stock	n/a	1,889
	BYD Co LTD	25 shares of common stock	n/a	1,699
	Sandstorm Gold Limited	283 shares of common stock	n/a	1,579
	Skyworks Solutions Inc	16 shares of common stock	n/a	1,444
	First Majestic Silver Corp	249 shares of common stock	n/a	1,368
	Phillips 66	10 shares of common stock	n/a	1,164
	Corsair Gaming Inc	173 shares of common stock	n/a	1,141
	Bitwise Funds Trust	45 shares of common stock	n/a	1,079
	Apple Computer Inc	4 shares of common stock	n/a	1,005
	Biovie Inc CL A	500 shares of common stock	n/a	1,000
	Barclays PLC	20 shares of common stock	n/a	916
	Albemarle Corp	10 shares of common stock	n/a	873
	Proshares TR Ultrapro SHT QQQ	23 shares of common stock	n/a	704
	Target Corp	5 shares of common stock	n/a	676
	Teladoc Inc	74 shares of common stock	n/a	673

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2024

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, 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 (continued)
		Common Stocks:		
	Finwise Bancorp	40 shares of common stock	n/a	639
	Metalla Royalty & Streaming LTD	133 shares of common stock	n/a	335
	Avant Brands Inc	583 shares of common stock	n/a	211
	Avino Silver & Gold Mines	200 shares of common stock	n/a	176
	Direxion SHS ETF	2 shares of common stock	n/a	96
	Proshares TR Ultrashort Semic	2 shares of common stock	n/a	55
	Canoo Inc	7 shares of common stock	n/a	10
	Solar Integrated Roofing Corp	36 shares of common stock	n/a	-
		Corporate Bonds:		
	BNP Parabis	\$50,000 Corporate Bond; maturity 6/1/2027	n/a	54,235
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 6/5/2028	n/a	54,895
	GS Fin Corp	\$50,000 Corporate Bond; maturity 7/13/2026	n/a	51,520
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 7/17/2029	n/a	51,275
		Government Bonds:		
	United States Treasury	\$76,000; US Treasury Note; maturity date 4/24/2025	n/a	75,018
	United States Treasury	\$65,000; US Treasury Note; maturity date 10/31/2025; .25% interest	n/a	62,905
	United States Treasury	\$44,000; US Treasury Note; maturity date 11/15/2025; 2.25% interest	n/a	43,247
	United States Treasury	\$18,000; US Treasury Note; maturity date 1/23/2025	n/a	17,955
	United States Treasury	\$3,000; US Treasury Note; maturity date 8/31/2029	n/a	2,842
	United States Treasury	\$2,000; US Treasury Note; maturity date 1/9/2025	n/a	1,998
		Options		
*	Fidelity Investments	Fidelity Option	n/a	101,232
		Money Market:		
*	Fidelity Investments	Fidelity Cash Reserves	n/a	600,476
*	Fidelity Investments	Fidelity Government Money Market	n/a	27,272
		Receivables:		
*	Notes receivable from participants	Loans to participants at interest rates ranging from 1% to 9.5%, with maturities through January 2037.	-	<u>1,736,527</u>
	Total assets held for investment purposes			<u>\$ 110,193,335</u>

* - Denotes a party-in-interest