

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>SPECIALIZED DENTAL PARTNERS HEALTH AND WELFARE PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SPECIALIZED DENTAL PARTNERS, LLC</u></p> <p><u>720 COOL SPRINGS BOULEVARD</u> <u>SUITE 450</u> <u>FRANKLIN, TN 37067</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2024</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>83-2414370</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>615-969-6032</u></p> <p><b>2d</b> Business code (see instructions) <u>621210</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/01/2025	LAURIE BYRNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1003
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1003
	<b>6a(2)</b>	1148
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	1148
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	0

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4D 4E

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 165891184

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SPECIALIZED DENTAL PARTNERS HEALTH AND WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPECIALIZED DENTAL PARTNERS, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>83-2414370</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3345772	2387	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid <b>0</b>	(b) Total amount of fees paid <b>8847</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON INS SVCS WEST UNKNOWN FRANKLIN, TN 37067**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8464	<b>SERVICE/GENERAL AGENT FEES</b>	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON US, LLC UNKNOWN FRANKLIN, TN 37067**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	383	<b>SERVICE/GENERAL AGENT FEES</b>	

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	10434300	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	0	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	0	
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		10434300
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	11333284	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	1428928	
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		12762212
(4) Claims charged .....	<b>9b(4)</b>		12762212
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	0	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	0	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	0	
(D) Other expenses .....	<b>9c(1)(D)</b>	362594	
(E) Taxes .....	<b>9c(1)(E)</b>	182600	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	0	
(G) Other retention charges .....	<b>9c(1)(G)</b>	0	
(H) Total retention .....	<b>9c(1)(H)</b>		545194
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		0
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		0
(2) Claim reserves .....	<b>9d(2)</b>		1428928
(3) Other reserves .....	<b>9d(3)</b>		0
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		0

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2656047
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan SPECIALIZED DENTAL PARTNERS HEALTH AND WELFARE PLAN 1b Three-digit plan number (PN) 501 1c Effective date of plan 01/01/2024 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPECIALIZED DENTAL PARTNERS, LLC 720 COOL SPRINGS BOULEVARD SUITE 450 FRANKLIN, TN 37067 2b Employer Identification Number (EIN) 83-2414370 2c Plan Sponsor's telephone number 615-969-6032 2d Business code (see instructions) 621210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Laurie Byrne dated 8/1/2025.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1003
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1003
	<b>6a(2)</b>	1148
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	1148
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

4A 4D 4E

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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 1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 000165891184

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# 2024 Form 5500 – Attachment for Multiple Employer Plans

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## Multiple-Employer Plan Participating Employer Information

Name of Plan: Specialized Dental Partners Health and Welfare Plan

EIN/PN: 83-2414370 / 501

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
Amarillo Endodontics LLP	75-2715677	
Courtney Kanive Wentzville	20-4251519	
Southern Arizona Endo	86-0562804	
Central TX Perio Implants	74-2899993	
B Aaron Vaughn DDS PA	20-2891212	
Isolani Endodontics LLC	45-5418779	
D K Fagundes DMD MS PC	58-2249130	
Cypress Endodontics PLLC	81-3571064	
Midlands Endodontics PA	57-1123752	
Milton L Davenport III	27-1690957	
Endodontists of Illinois LLC	46-5009251	
J Derek White DMD PA	20-2070001	
Erika M Johnson DDS PLLC	42-1735407	
Henry Best DDS Burlington	88-3318147	
George Just DDS PC	25-1320584	
Endodontic Excellence PC	20-3074806	
Northland Endodontics PA	41-1964113	
Oakbrook Endo Associates	36-2774343	
River Heights Endodontics	26-0524602	
Eagles Pointe Endo PC	58-1278909	
Endodontic Center PC	82-2390775	
Haycock Endo INC	46-1713269	
Albert M Jowid PLLC	81-0770737	
SoCo Endo PC	81-4554071	
Co Root Canal Specialists	82-2312116	
Kimball Endodontics	82-1712997	
Trevor C Blattner DDS PC	46-1440618	
Michael P Thompson DDS	45-2051453	
General Booth Endo PLLC	20-0052295	
North Pointe Endo PLLC	82-0762046	
Summit Boulevard Dental	82-4408602	
Bay Area Endodontics PC	38-3364688	

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Southern Endo Center LLC	56-2487976	
Spradley Endodontics PA	26-2253536	
Eastern Shore Endo PA	52-1095766	
Forest Lake Endodontic PLLC	83-2967347	
Scott W George DMD PLLC	20-8709867	
A Luis Aviles DDS PLLC	20-0582970	
Jack A Sturm DMD INC	81-0979269	
Umpqua Endodontics LLC	26-1485598	
Oscar M Pena DDS MSD PC	83-0348431	
Newnan Periodontics & Dental Implants	92-1360182	
G Bowen Green DMD PA	20-5337748	
East Coast Endodontics PC	71-0921765	
I Robert Matloff DDS MS	86-1017035	
I Robert Matloff DDS MS - new	86-0395565	
Reid V Pullen DDS PC	51-0590957	
Ramesh Thondapu DMD Inc	87-1233255	
Anthony T Quinta DMD LLC	81-1208006	
Posner & Barbizam PLLC	47-3586736	
R Corey Snow DDS Monroe	86-3844571	
Wasatch Endodontics PC	45-4340509	
Modern Care Endo Lakevill	45-4525004	
Endodontics Associates LLC	20-0329985	
Salt Lake Endodontics PC	20-0076973	
Fife Steffen Endodontics	84-3079215	
Advanced Endo Specialists	85-0487279	
Henry Best DDS Of Jacksonville PLLC	86-3992788	
M Shannon Daugherty	71-0881736	
Perry Endodontics PLLC	81-0754394	
Ridge Dental Specialists	20-1705922	
Elite Endodontics PC	27-3358638	
Kerry M Oneal DDS PA	48-1220979	
Gadia Periodontics PC	27-0206217	
Queen Creek Implants & Periodontics	92-0732800	
Dr Willis Gabel PLLC	91-2002196	
Endodontic Associates ATL	36-4516008	
Live Oak Endodontics PLLC	81-3054907	
Creekside Endodontics	47-4170357	
Jason O Smith DMD MS Inc	81-1108961	
Daniel J Boehne DDS INC	46-2291062	
Coastal Carolina Endo LLC	20-8809693	
Innovative Endodontics North PC	46-5510286	
Sage Endodontics LLC	47-2413000	
Wisconsin Endo Group SC	39-1205610	

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Charles E Brown III DDS	20-1272605	
Central Virginia Endo PD	26-3855693	
Mesa Implants & Periodontics LLC	46-4033037	
Burnett & Bay Oral & Facial Surgery PC	01-0689882	
Land of Lakes Endo PA	75-3139903	
Chippewa Valley Endo	45-5527240	
Samuel H Ip DDS Inc	55-0857007	
Scott D Newlin DMD MS PC	43-1762476	
Las Cruces Endodontics	85-0474804	
Brad Crump DDS MS PA	04-3773887	
Gillihan Periodontics LLC	27-3711255	
Endodontic Associates PA	59-3224557	
Columbus Endodontics LLC	84-4098158	
Steven M Frey DDS PA	47-4770871	
Park Ridge Endo DDS PC	26-0345941	
Michael D Homer DMD PC	71-0890217	
Evan Novick DMD PA	82-5451858	
Jonathan F Richards DDS MS PC	26-3087801	
Periodontology Inc	31-1014157	
Bjarnason Endodontics	84-2219787	
Northern Colorado Endo	84-1443194	
Cardon Endodontics PC	47-1306062	
Spencer C Fullmer DDS MS	46-0820293	
Gargiulo Periodontics SC	20-0233906	
Grove City Endo INC	31-1726461	
Joy A Rivero PLLC	26-3897806	
Michael B Lindemann DDS MS PC	38-2147169	
Lowcountry Endodontics of Beaufort LLC	45-4598657	
Red Mountain Endodontics	86-0767386	
Clinton W Falk DDS PA	45-4444520	
Southtown Endodontics PC	27-4393739	
3D Endodontics LLC	82-3257789	
Gulf Coast Endodontics Associates LLC	83-1883830	
Jebeles Endodontics PC	26-3772105	
Michael S Winick DDS LLC	51-0428854	
Minnesota Periodontal Associates PA	81-4587852	
The Endodontic Specialist	47-3951095	
John C Hall DDS MS PC	38-3418411	
Charles P Kass DDS MS PC	30-0178459	
Best Endo of Evanston LTD	36-4198925	
Wiswall Endodontics PC	45-0967410	
Belle Meade Endo PC	85-2404516	
Lake Michigan Endo PLC	20-8714053	

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Orchard Endodontics PLLC	27-2244323	
Yonchak & Agarwala DDS MS Inc	31-1140870	
Jaron Wedding DDS MSD	20-4530226	
Joplin Endo Bradley Laird	26-0220452	
Rocky Mountain Endo PLLC	26-2040977	
Highlands Ranch Endo PC	84-1460823	
South Bend Endo	85-0788140	
SJS Endo And Microsurgery	83-1794190	
Diwarkar Kinra PC	20-0295081	
R Corey Snow DMD of Greenville PLLC	99-4145045	
Bluegrass Endodontics PLLC	45-5352501	
Galsterer Endodontics	38-1999930	
Cornerstone Endo PC	82-5164139	
Marshall V Johnson DDS MS	75-2333141	
Drs Stukalin PA	75-2661201	
Dental Implant & Perio Partners LLP	36-4563895	
West Shore Oral & Maxillofacial Surgery	38-2402017	
Garden City Endodontics PLLC	01-0820516	
Matthew M Zavarella DDS MS LLC	74-3223099	
James V Mills DMD PC	63-1081223	
Terry L Isom DMD PC	26-1472919	
Coastal Endodontics LLC	20-3581644	
Superstition Springs Endo	20-0478116	
Scott R Price DMD MS PC	27-0518532	
King Endodontics LLC	20-1808467	
Menke Whitcomb Smith Aren	31-0804249	
Westside Endo Associates	74-2200012	
Missoula Endodontics PC	45-5108889	
Platte Valley Endo PC	20-0833179	
Specialized Dental Partners LLC	83-2414370	
Adam S Colombo DDS PA	20-2393827	
Colorado Endo Specialists	84-1534340	
Constantine L Politis DDS	36-4257092	
Garth Hatch Chad Dawson	36-4808698	
Metropolitan Endo LTD	41-1807729	
Lubbock Endodontics PC	26-0333446	
Cameo Dental Specialists	82-2888724	
R Patrick Roach DMD PC	43-1850590	
ATX Endodontics PLLC	46-4357749	
Chandler Implants & Periodontics LLC	46-1199934	
Clearwater Endodontics	85-2838769	
Endodontic Associates PC	84-1216527	
Kenneth Mangano DDS PA	20-3951213	

