

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan): DELTA DENTAL OF MISSOURI
Mailing address (include room, apt., suite no. and street, or P.O. Box): 12399 GRAVOIS ROAD, ST. LOUIS, MO 63127
2b Employer Identification Number (EIN): 43-0908349
2c Plan Sponsor's telephone number: 314-656-3000
2d Business code (see instructions): 524140

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	293
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)	250
	6a(2)	222
	6b	
	6c	69
	6d	291
	6e	
	6f	291
	6g(1)	293
	6g(2)	291
h	14	
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:
2C

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 _____
- (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 DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DELTA DENTAL OF MISSOURI	D Employer Identification Number (EIN) 43-0908349	

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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)

MONETA GROUP INVESTMENT ADVISORS

20-1903821

(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 50	NONE	54408	Yes <input type="checkbox"/> No <input 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)

CHARLES SCHWAB & CO, INC.

94-1737782

(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?
28 50 51 59 72	NONE	8137	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(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 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.	OMB No. 1210-0110 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 DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DELTA DENTAL OF MISSOURI	D Employer Identification Number (EIN) 43-0908349

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3002586	3027737
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3935197	3019297
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2107136	2188268
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32055364	34133015
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2304666	3599812

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	43404949	45968129
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1119	990
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1119	990
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	43403830	45967139

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)	3027737	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3027737
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	158319	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	92970	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		251289
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	56355	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1562775	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1619130
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	22978672	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	22611823	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		366849
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1749260	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		593728
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7607993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4978201	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4978201
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3938	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	62545	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		66483
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5044684

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2563309
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.			

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION 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>DELTA DENTAL OF MISSOURI</u>	D Employer Identification Number (EIN) <u>43-0908349</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 33-6134835

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	34
--	---	----

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	3027737
b Enter the amount contributed by the employer to the plan for this plan year	6b	3027737
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	0

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**DELTA DENTAL OF MISSOURI
MONEY PURCHASE PENSION PLAN**

**AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES**

**December 31, 2024 and 2023 and
Year ended December 31, 2024**

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Delta Dental of Missouri Money Purchase Pension Plan

Opinion

We have audited the accompanying financial statements of the Delta Dental of Missouri Money Purchase Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 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.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The logo for UHY LLP is written in a stylized, cursive script. The letters 'UHY' are larger and more prominent, with 'LLP' following in a smaller, similar font.

St. Louis, Missouri
October 10, 2025

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value	\$ 42,940,392	\$ 40,402,363
Contributions receivable - Company	<u>3,027,737</u>	<u>3,002,586</u>
Total assets	45,968,129	43,404,949
LIABILITIES		
Accrued expenses	<u>990</u>	<u>1,119</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 45,967,139</u></u>	<u><u>\$ 43,403,830</u></u>

See notes to financial statements.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

INVESTMENT INCOME	
Net appreciation in fair value of investments	\$ 2,709,837
Interest and dividends	1,777,449
Other income	<u>92,970</u>
	4,580,256
COMPANY CONTRIBUTIONS	3,027,737
BENEFITS PAID TO PARTICIPANTS	(4,978,201)
ADMINISTRATIVE EXPENSES	<u>(66,483)</u>
NET INCREASE	2,563,309
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning	<u>43,403,830</u>
Ending	<u>\$ 45,967,139</u>

See notes to financial statements.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 — DESCRIPTION OF PLAN

The following description of the Delta Dental of Missouri Money Purchase Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established on July 1, 1979 as a defined contribution plan covering all eligible employees of Delta Dental of Missouri (the Company), as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees are eligible after one hour of service. The Plan entry dates are January 1 of each plan year.

The Plan document names the Company as the plan administrator. The Company, therefore, has overall responsibility for the operation and administration of the Plan. The Company, through its Administrative Committee, determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Trustees.

The Board approved a motion to freeze the Plan effective as of December 31, 2025 and merge the Plan into the Delta Dental of Missouri 401(k) Plan effective as of January 1, 2026. The full liquidation and transfer of plan assets is anticipated to take place during the year ended December 31, 2026.

Company Contributions

Each Plan year, the Company contributes an amount equal to 12% of each employee's annual compensation. Certain groups of employees are eligible for supplemental contributions, as defined by the Plan. For the Plan year ended December 31, 2024, the Company met the ERISA minimum funding requirements. Contributions are invested as directed by the Plan's investment managers, which are appointed by the Trustees of the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participant contributions are not permitted.

Participant Accounts

Although Plan assets are invested in total, separate accounts are maintained for each participant. Each participant's account is allocated the appropriate amount of the Company contribution, Plan earnings, and expenses on an annual basis. Allocations of Plan earnings and expenses are based on each participant's proportionate share of total Plan assets. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant will receive a lump-sum distribution equal to the participant's vested account balance if the participant's vested account balance does not exceed \$1,000. If the amount exceeds \$1,000, but is less than \$5,000, and the participant does not elect to have the distribution paid to another eligible retirement plan or to receive a distribution, the Plan Administrator will roll the account balance into an individual retirement plan designated by the Plan Administrator. If the amount exceeds \$5,000 it will be applied to purchase a qualified joint and survivor annuity, unless the participant (and spouse, if applicable) elects to waive this right. If waived, the amount may be paid in a single sum or periodic payments, as elected by the participant.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 — DESCRIPTION OF PLAN (Continued)

Vesting

Vesting in participant accounts is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$190,779 and \$137,825, respectively. These accounts are reallocated to existing participants subsequent to year end.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Administrative Committee determines the Plan’s valuation policies utilizing information provided by the investment manager.

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 appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Contributions

Company contributions are recorded in the year in which the related participant wages are paid.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses such as investment advisory and management fees are paid by the Plan and included in the statement of changes in net assets available for benefits. Certain expenses of the Plan are paid by the Company and are not included in the statement of changes in net assets available for benefits. Certain investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Subsequent events were evaluated through October 10, 2025 which is the date the financial statements were available to be issued.

NOTE 3 — 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 are described below:

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

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets and liabilities in active markets;
- quoted prices for identical or similar assets and liabilities in inactive markets;
- inputs other than quoted market 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.

The asset or liability's fair value measurement level within 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.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 3 — FAIR VALUE MEASUREMENTS (Continued)

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.

Cash and cash equivalents, common stocks, mutual funds, and exchanged-traded funds: Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year end. Exchange-traded funds are traded on national securities exchanges (or reported on the NASDAQ national market). These investments are stated at the last reported sales price on the day of valuation.

Certificates of deposit: Valued based on available quoted prices for similar assets in active or inactive markets.

Limited partnership: The value of private equity funds, which are not readily marketable, is based on the value determined in audited financial statements. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. In each repurchase offer, the fund intends to offer to repurchase a percentage of its units at NAV determined as of approximately March 31, June 30, September 30, and December 31, as applicable, but in no event will more than 20% of the units in the fund to be repurchased per quarter. Additionally, there were no unfunded commitments at December 31, 2024 and 2023.

U.S. Government treasuries: Certain obligations are valued at closing price reported on the active market on which the individual securities are traded. Others are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Bonds: Certain bonds are valued at the closing price reported on the active market on which the bond is traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 3 — FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value are as follows:

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 920,220	\$ -	\$ -	\$ 920,220
Certificates of Deposit	-	2,099,077	-	2,099,077
Bonds	-	3,599,812	-	3,599,812
Common Stocks	2,188,268	-	-	2,188,268
Mutual Funds and Exchange-Traded Funds	<u>27,778,472</u>	<u>-</u>	<u>-</u>	<u>27,778,472</u>
	<u>\$ 30,886,960</u>	<u>\$ 5,698,889</u>	<u>\$ -</u>	36,585,849
Investments Measured at NAV*				<u>6,354,543</u>
				<u>\$ 42,940,392</u>

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 654,193	\$ -	\$ -	\$ 654,193
Certificates of Deposit	-	3,281,004	-	3,281,004
Bonds	-	2,304,666	-	2,304,666
Common Stocks	2,107,136	-	-	2,107,136
Mutual Funds and Exchange-Traded Funds	<u>27,998,110</u>	<u>-</u>	<u>-</u>	<u>27,998,110</u>
	<u>\$ 30,759,439</u>	<u>\$ 5,585,670</u>	<u>\$ -</u>	36,345,109
Investments Measured at NAV*				<u>4,057,254</u>
				<u>\$ 40,402,363</u>

* Certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the 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.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 — PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab Trust Company (Charles Schwab) is the custodian of the Plan, and Moneta Group Investment Advisors provides investment advisory services for the Plan related to investments held in the Charles Schwab portfolio. Total fees paid from the Plan to these entities for the year ended December 31, 2024 were \$62,545. These transactions qualify as party-in-interest transactions.

NOTE 5 — PLAN TERMINATION

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. As described in Note 1, the Board has approved the Plan's merger into the Delta Dental of Missouri 401(k) Plan. In the event of Plan termination, participants would become 100% vested in their Company contributions.

NOTE 6 — TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated June 10, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Administrative Committee believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan is subject to examination by the IRS for the statutory period.

NOTE 7 — RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. 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.

SUPPLEMENTAL SCHEDULES

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

EIN #43-0908349, Plan No. 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) Description	Shares	(c) Rate	Due Date	(d) Cost	(e) Fair Value
	Cash, Money Market, and Certificates of Deposit					
*	Cash				\$ 920,220	\$ 920,220
	Flagstar Bank, N.	250,000	4.700%	2/25/2025	149,620	150,054
	Discover Bank	250,000	4.800%	3/16/2026	251,210	251,917
	City NTNL Bank	250,000	5.100%	3/31/2026	250,880	252,918
	Morgan Stanley P	250,000	4.750%	4/6/2027	253,200	254,400
	Dort FINL Credit	250,000	4.850%	6/28/2027	254,786	255,577
	Chartway Federal CR	225,000	5.000%	8/11/2027	230,849	231,132
	Leaders Credit Unio	225,000	5.000%	8/30/2028	233,272	233,337
	FVC Bank	215,000	4.300%	12/22/2025	213,878	215,319
	Capital One, NTN	250,000	4.950%	11/16/2026	253,701	254,423
					<u>3,011,616</u>	<u>3,019,297</u>
	Municipal Bonds					
	FLHB	500,000	4.500%	3/12/2027	500,680	501,602
	FLHB	250,000	2.375%	8/15/2029	220,632	227,135
	Federal Farm Cr	655,000	2.250%	12/18/2029	583,042	586,947
	Massachusetts S	250,000	1.136%	11/1/2027	222,968	228,215
	Williamson County	500,000	2.000%	5/1/2026	476,902	485,665
	Arizona St Univ	250,000	0.908%	7/1/2025	236,200	245,800
	Texas St	250,000	5.000%	10/1/2025	252,075	251,545
	Baltimore MD	250,000	1.138%	7/1/2026	229,560	238,353
	Cleveland CO OK SD2	250,000	5.000%	3/1/2028	255,893	252,938
	Tulsa Cnty OK	580,000	0.000%	5/1/2028	581,315	581,612
					<u>3,559,267</u>	<u>3,599,812</u>
	Common Stocks					
	American Airlines Group	948			14,065	16,872
	Ameriprise Finl	47			19,002	25,024
	Applovin Corp	71			5,828	22,992
	Avantor	693			16,474	14,602
	Axon Enterprises	42			13,307	24,961
	BJS Wholesale Club	313			27,279	27,967
	Burlington Stores	71			19,548	20,239
	Cameco Corp	536			28,824	27,545
	Cava Group	160			16,370	18,048
	Chewy Inc	775			19,534	25,955
	Cintas Corp	63			9,679	11,510
	Datadog INC	249			32,073	35,580
	Deckers Outdoor CORP	162			28,255	32,901
	Dicks Sporting Goods	95			20,963	21,740
	Doordash INC	125			13,174	20,969
	Draftkings INC New	349			13,174	12,983
	Evercore Inc	125			27,781	34,649
	Expand Energy Corp	330			31,783	32,852
	Fair Isaac Intl Corp	14			16,954	27,873

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

EIN #43-0908349, Plan No. 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR); (Continued)

December 31, 2024

{a}	{b} Description	{c}			{d} Cost	{e} Fair Value
		Shares	Rate	Due Date		
Common Stocks (Continued)						
	Fidelity Natl Finl Class	276			\$ 15,892	\$ 15,495
	Fluor	251			12,070	12,379
	GE Vernova	47			7,428	15,460
	HEICO Corp	61			13,994	14,502
	Hubspot	32			19,089	22,297
	Illuminia Inc	133			17,194	17,773
	Interactive Brokers	217			21,358	38,337
	Jacobs Solutions	96			13,315	12,828
	Johnson Controls	329			28,054	25,968
	Jones Lang Lasalle	104			19,654	26,326
	Knight Swift Transportation	545			30,077	28,907
	KKR & Co INC	239			21,657	35,350
	Las Vegas Sands	377			19,553	19,363
	Marvell Technology INC	215			17,649	23,747
	Matador Resources CO	280			16,395	15,753
	Microstrategy	40			9,561	11,585
	Natera INC 00500	125			9,600	19,787
	Nuveen Global Cities	80,900			1,474,030	943,288
	Palantir Technologies	559			13,160	42,277
	Roblox Corp	449			20,579	25,980
	Sea Ltd	162			10,436	17,188
	Seagate Technology	141			14,474	12,170
	Snowflake INC	169			28,883	26,095
	The Trade Desk INC	277			22,894	32,556
	TKO Group Hldgs	101			10,354	14,353
	Tractor Supply	300			16,505	15,918
	Tradeweb MKTS INC	186			17,338	24,351
	Transunion	140			12,427	12,979
	Trimble	426			31,136	30,101
	Twilio INC	155			13,462	16,752
	Veeva Systems INC	113			27,971	23,758
	Vertiv Holdings	218			19,038	24,767
	Western Alliance	414			33,669	34,585
	XPO INC	245			28,726	32,132
	Zebra Technologies	75			23,933	28,966
	Zoom Communications	232			19,623	18,933
					<u>2,505,245</u>	<u>2,188,268</u>
Limited Partnerships						
	Bow River Capital Evergreen 7	25,839			1,116,569	1,229,952
	Fortress Net Lease REIT 7	149,882			1,004,007	1,521,016
	KKR Private Equity Congl 7	64,085			1,750,000	1,838,982
	Hatteras Core Alternativ 7	250			13,701	98
	Partners Group Private 7	817,729			2,055,633	1,764,495
					<u>5,939,910</u>	<u>6,354,543</u>

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

EIN #43-0908349, Plan No. 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR); (Continued)

December 31, 2024

{a}	{b} Description	{c}			{d} Cost	{e} Fair Value
		Shares	Rate	Due Date		
	Mutual Funds and Exchange-Traded Funds					
*	Schwab Govt Money Market	1			\$ 63,834	\$ 63,834
*	Schwab Treasury Oblig MO	1			1,101,636	1,101,636
	IShares CORE S&P 500	6,690			3,195,345	3,938,269
	Schwab US Small CAP ETF	59,387			1,402,721	1,535,748
	American Beacon Small CP	73,092			1,828,817	1,801,724
	Cohen & Steers Instl Rea	18,535			825,000	888,019
	Dodge & Cox International	69,773			3,449,122	3,481,656
	Dodge & COX Stock I	13,384			3,357,111	3,534,637
	Harbor Capital Appreciat	17,749			1,440,600	1,697,099
	Invesco Steelpath MLP SE	66,185			511,612	631,408
	JP Morgan Mid Cap Value L	30,120			1,325,000	1,106,928
	Maingate MLP I	61,599			488,484	627,082
	Northern Multi-MGR GLBL	42,373			507,203	497,034
	Stepstone Private Infrs STRUX	162,532			1,952,010	2,047,904
	T. Rowe Price LRG CP GR	22,002			1,447,313	1,810,131
	Versus Capital Real Asset	506			14,040	14,141
	William Blair International	109,895			3,173,477	3,001,222
					<u>26,083,325</u>	<u>27,778,472</u>
					<u>\$ 41,099,363</u>	<u>\$ 42,940,392</u>

* Represents a party-in-interest transaction that is not a "prohibited investment" under ERISA.

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
EIN #43-0908349, Plan No. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

{a} Identity of Party Involved	{b} Description of Asset	{c} Number of Purchases	{d} Number of Sales	{e} Value of Purchases	{f} Value of Sales	{g} Net Gain or (Loss)
Schwab Treasury Oblig MO	Mutual Fund	4	4	<u>\$ 5,627,000</u>	<u>\$ 5,772,808</u>	<u>\$ -</u>

Note: Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN
EIN #43-0908349, Plan No. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

{a} Identity of Party Involved	{b} Description of Asset	{c} Number of Purchases	{d} Number of Sales	{e} Value of Purchases	{f} Value of Sales	{g} Net Gain or (Loss)
Schwab Treasury Oblig MO	Mutual Fund	4	4	<u>\$ 5,627,000</u>	<u>\$ 5,772,808</u>	<u>\$ -</u>

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DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

EIN #43-0908349, Plan No. 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

{a}	{b}	{c}			{d}	{e}
Description	Shares	Rate	Due Date	Cost	Fair Value	
Cash, Money Market, and Certificates of Deposit						
*	Cash			\$ 920,220	\$ 920,220	
	Flagstar Bank, N.	250,000	4.700%	2/25/2025	149,620	150,054
	Discover Bank	250,000	4.800%	3/16/2026	251,210	251,917
	City NTNL Bank	250,000	5.100%	3/31/2026	250,880	252,918
	Morgan Stanley P	250,000	4.750%	4/6/2027	253,200	254,400
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	FVC Bank	215,000	4.300%	12/22/2025	213,878	215,319
	Capital One, NTN	250,000	4.950%	11/16/2026	253,701	254,423
				<u>3,011,616</u>	<u>3,019,297</u>	
Municipal Bonds						
	FLHB	500,000	4.500%	3/12/2027	500,680	501,602
	FLHB	250,000	2.375%	8/15/2029	220,632	227,135
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	Arizona St Univ	250,000	0.908%	7/1/2025	236,200	245,800
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DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

EIN #43-0908349, Plan No. 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR); (Continued)

December 31, 2024

{a}	{b} Description	{c}			{d} Cost	{e} Fair Value
		Shares	Rate	Due Date		
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	Transunion	140			12,427	12,979
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	Vertiv Holdings	218			19,038	24,767
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	Zoom Communications	232			19,623	18,933
					<u>2,505,245</u>	<u>2,188,268</u>
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	KKR Private Equity Congl 7	64,085			1,750,000	1,838,982
	Hatteras Core Alternativ 7	250			13,701	98
	Partners Group Private 7	817,729			2,055,633	1,764,495
					<u>5,939,910</u>	<u>6,354,543</u>

DELTA DENTAL OF MISSOURI MONEY PURCHASE PENSION PLAN

EIN #43-0908349, Plan No. 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR); (Continued)

December 31, 2024

{a}	{b} Description	{c}			{d} Cost	{e} Fair Value
		Shares	Rate	Due Date		
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	Schwab US Small CAP ETF	59,387			1,402,721	1,535,748
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	Cohen & Steers Instl Rea	18,535			825,000	888,019
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	JP Morgan Mid Cap Value L	30,120			1,325,000	1,106,928
	Maingate MLP I	61,599			488,484	627,082
	Northern Multi-MGR GLBL	42,373			507,203	497,034
	Stepstone Private Infrs STRUX	162,532			1,952,010	2,047,904
	T. Rowe Price LRG CP GR	22,002			1,447,313	1,810,131
	Versus Capital Real Asset	506			14,040	14,141
	William Blair International	109,895			3,173,477	3,001,222
					<u>26,083,325</u>	<u>27,778,472</u>
					<u>\$ 41,099,363</u>	<u>\$ 42,940,392</u>

* Represents a party-in-interest transaction that is not a "prohibited investment" under ERISA.