

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 [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): COMMONWEALTH DENTAL GROUP
2b Employer Identification Number (EIN): 85-1192504
2c Plan Sponsor's telephone number: 859-296-4846
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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<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>	390
<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>	323
	<b>6a(2)</b>	320
	<b>6b</b>	3
	<b>6c</b>	63
	<b>6d</b>	386
	<b>6e</b>	0
	<b>6f</b>	386
	<b>6g(1)</b>	335
	<b>6g(2)</b>	347
<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:  
2E 2F 2G 2J 2K 2T 3D 3H

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

<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 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 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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;"><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>COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMMONWEALTH DENTAL GROUP</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>85-1192504</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  
**JOHN HANCOCK LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	146998	372	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.

<p><b>(a)</b> Total amount of commissions paid <b>32084</b></p>	<p><b>(b)</b> Total amount of fees paid <b>4008</b></p>
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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  
**EQUITABLE ADVISORS, LLC** **4135 NORTH FRONT STREET**  
**HARRISONBURG, PA 17110**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25589	0	SALES/MARKETING	3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFITS ADMINISTRATORS, LLC** **269 WEST MAIN STREET**  
**SUITE 700**  
**LEXINGTON, KY 40507**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6495	4008	THIRD PARTY ADMINISTRATOR	5

(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>	13943608

**6** Contracts With Allocated Funds:

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

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

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

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

**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 ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	0
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMMONWEALTH DENTAL GROUP</b>	<b>D</b> Employer Identification Number (EIN) <b>85-1192504</b>	

**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

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**(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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORD KEEPER	3238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILSHIRE ASSOCIATES, INC. (USA)

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	RIA	2604	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 67 28 62 68 59 63	RECORD KEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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.

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMONWEALTH DENTAL GROUP</u>	<b>D</b> Employer Identification Number (EIN) <u>85-1192504</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2065 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80822</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2060 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72458</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2055 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>248630</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2050 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>213871</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2045 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>576171</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2040 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>597637</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH 2035 LIFETIME BLEND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>207894</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH 2030 LIFETIME BLEND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>40810</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH 2025 LIFETIME BLEND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>111804</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH 2010 LIFETIME BLEND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>37302</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2065**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>208387</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2060**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>315035</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2055**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>723903</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2050**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>413746</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2045**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>870485</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2040**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>2176081</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2035**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>665888</b>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19100

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253519

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND AGGRESSIVE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79104

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190003

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND BALANCED		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37031

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND MODERATE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12432

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AB LARGE CAP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 874662

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL SCAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11862

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48064

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39549

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14567
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21457
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207304
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117334
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 747164
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325367
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA DIVIDEND INCOME FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404663
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GBL EQ INCOME		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29439
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE DIVIDEND GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325234
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162553

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1739184
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14898
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERMEDIATE GOV FIXED INC		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20212
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 504275
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MAINSTAY MACKAY HY CORP BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM GLOBAL TOTAL RETURN FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 687
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTL BOND USD-HEDGED		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23147
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14382
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3828
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERM-TERM BOND IDX		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24387





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMMONWEALTH DENTAL GROUP</b>	<b>D</b> Employer Identification Number (EIN) <b>85-1192504</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	233	183
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	16317	6476
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	400	9613
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	99995	111988
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	11336031	13943609
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	468215	556854
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	11921191	14628723
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	11921191	14628723

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	576238	
(B) Participants.....	2a(1)(B)	1223989	
(C) Others (including rollovers).....	2a(1)(C)	88742	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1888969
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	8751	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8751
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(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)		1771139
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		3668859

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	879361	
(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)		879361
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		14283
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	4008	
(3) Recordkeeping fees .....	2i(3)	61071	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	2604	
(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)		67683
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		961327

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		2707532
<b>l</b> 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: FAULKNER, KING & WENZ, PSC

(2) EIN: 61-1038574

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMONWEALTH DENTAL GROUP</u>	<b>D</b> Employer Identification Number (EIN) <u>85-1192504</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 01-0233346

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702937A.

**Commonwealth Dental Group  
401(K) Retirement Savings Plan**

**\* \* \* \***

**Financial Statements and  
Independent Auditor's Report  
December 31, 2024 and 2023**

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**FAULKNER, KING & WENZ, PSC  
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INDEPENDENT AUDITOR'S REPORT

To Management and the Board of Trustees  
Commonwealth Dental Group 401(k)  
Retirement Savings Plan  
Lexington, KY

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

We have performed audits of the accompanying financial statements of Commonwealth Dental Group 401(k) Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Commonwealth Dental Group 401(k) Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

To Management and the Board of Trustees  
Commonwealth Dental Group  
Retirement Savings Plan  
Lexington, Kentucky  
Page 2

### **Opinion on the Financial Statements**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to be a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Commonwealth Dental Group 401(k) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

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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 Commonwealth Dental Group 401(k) Retirement Savings 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 Audit of the Financial Statements**

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

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

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

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- 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 Commonwealth Dental Group 401(k) Retirement Savings 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 Commonwealth Dental Group 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets Held for Investment at End of Year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the

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financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion -

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

*Farellan, King & New, PSC*

Mt. Sterling, Kentucky

October 14, 2025

COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 183	\$ 233
Investments (at fair value)	<u>14,500,463</u>	<u>11,804,246</u>
Total investments	<u>14,500,646</u>	<u>11,804,479</u>
Receivables:		
Employer's contribution	6,476	16,317
Participants' contributions	9,613	400
Notes receivable from participants	<u>111,988</u>	<u>99,995</u>
Total Receivables	<u>128,077</u>	<u>116,712</u>
TOTAL ASSETS	<u>\$ 14,628,723</u>	<u>\$ 11,921,191</u>
LIABILITIES		
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,628,723</u>	<u>\$ 11,921,191</u>

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

COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest	\$ 8,751	\$ 5,953
Net appreciation in fair value of investments	<u>1,771,139</u>	<u>1,694,524</u>
	<u>1,779,890</u>	<u>1,700,477</u>
Employer's contributions	576,238	566,561
Employees' contributions	1,223,989	1,197,857
Rollover contributions	<u>88,742</u>	<u>104,921</u>
	<u>1,888,969</u>	<u>1,869,339</u>
Net increase	<u>3,668,859</u>	<u>3,569,816</u>
Deductions from net assets attributed to:		
Participant benefit payments	893,644	247,182
Investment fee expense	<u>67,683</u>	<u>50,086</u>
Total deductions	<u>961,327</u>	<u>297,268</u>
Net increase	2,707,532	3,272,548
Net assets available for benefits:		
Beginning of year	<u>11,921,191</u>	<u>8,648,643</u>
End of year	<u>\$ 14,628,723</u>	<u>\$ 11,921,191</u>

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

NOTE A - DESCRIPTION OF PLAN

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

General - The Plan is a defined contribution plan formed in 2020 covering all employees of the Company who are age 21 or older and have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year participants may contribute up to 100 percent of pretax annual compensation up to a maximum of \$23,000 (\$30,500 for age 50 and older) for the 2024 plan year, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions and the Company's contribution into various investment options offered by the Plan. The Company contributes 100 percent of the first three percent of base compensation that a participant contributes to the Plan plus 50 percent of the salary deferrals contributed between three percent and five percent of compensation. The Plan does provide for Roth 401(k) contributions. The Company may contribute additional profit-sharing amounts at the option of the Company. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - The Company has adopted a Safe Harbor election, therefore contributions made by the Company to participants accounts are immediately 100 percent vested. Participants are immediately vested in their participant accounts for all contributions.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 to a maximum of 50 percent of their vested account or \$50,000. The loans are secured by the balance in the participant's account and bear a rate commensurate with local prevailing rates. Principal and interest is paid ratably through weekly payroll deductions. Loans must be fully repaid through payroll deductions within five years unless the loan is used for the purchase of a primary residence. Loans used to purchase a primary residence may be repaid within 30 years.

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits - On termination of service due to death, disability or retirement, the fair market value of a participant's account balance is payable in a single lump sum amount, direct rollover, or periodic installments. For termination of service due to other reasons, the fair market value of the participant's account balance is payable in either a lump sum amount or direct rollover, or payment can be deferred until age 72.

Administrative Expenses - Administrative expenses other than direct investment fees are absorbed by the Company. Any such expenses pertaining to third-party administration have been reflected in the financial statements as administrative expenses.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Date of Management's Review - Subsequent events were evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

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

Investments held by a defined-contribution plan are required to be reported at fair value.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants - Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

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. See Note C for discussion of fair value measurements.

NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

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

Payment of Benefits - Benefits are recorded when paid.

NOTE C - FAIR VALUE OF INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used when Level 1 or Level 2 inputs were not available.

*Level 1 Fair Value Measurements*

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission.

The funds must publish their daily net asset value and transact at the price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

NOTE C - FAIR VALUE OF INVESTMENTS (CONTINUED)

*Level 2 Fair Value Measurements*

Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

*Level 3 Fair Value Measurements*

The fair value is based on unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

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

Fair value measurements at the reporting date using:

		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
<u>December 31, 2024</u>	<u>Fair value</u>			
Mutual funds	\$13,943,609	\$13,943,609	\$ -	\$ -
PBA Accounts	<u>556,854</u>	<u>556,854</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$14,500,463</u>	<u>\$14,500,463</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2023</u>				
Mutual funds	\$11,336,031	\$11,336,031	\$ -	\$ -
PBA Accounts	<u>468,215</u>	<u>468,215</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$11,804,246</u>	<u>\$11,804,246</u>	<u>\$ -</u>	<u>\$ -</u>

COMMONWEALTH DENTAL GROUP 401(K)  
RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023

NOTE D - PLAN TERMINATION

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

NOTE E - CERTIFIED INFORMATION

The Plan's investments were held by John Hancock Life Insurance Company, the Plan trustee. The following table presents details of the marketable investments which have been certified as being complete and accurate by John Hancock Life Insurance Company as of December 31, 2024 and 2023.

Investments at fair value as determined by quoted market prices:

	<u>2024</u>	<u>2023</u>
Vanguard Target Retirement 2040	\$ 2,176,082	\$ 2,036,663
Janus Henderson Balanced Fund	1,739,185	1,382,415
AB Large Cap Growth Fund	874,662	630,201
Vanguard Target Retirement 2045	870,485	677,654
500 Index Fund	747,164	494,014
Vanguard Target Retirement 2055	723,903	513,342
Vanguard Target Retirement 2035	665,888	562,052
John Hancock Multi-Index 2040 Lifetime	597,637	909,101
John Hancock Multi-Index 2045 Lifetime	576,171	361,891
Loomis Sayles Core Plus Bond Fund	504,275	452,099
Vanguard Target Retirement 2050	413,746	284,452
Columbia Dividend Income Fund	404,663	318,076
American Funds New Perspective Fund	325,367	258,875
T. Rowe Price Dividend Growth Fund	325,234	259,235
Vanguard Target Retirement 2060	315,035	220,740
Vanguard Target Retirement 2025	253,519	195,644
John Hancock Multi-Index 2055 Lifetime	248,630	106,847
John Hancock Multi-Index 2050 Lifetime	213,871	65,772
Vanguard Target Retirement 2065	208,387	143,358
John Hancock Multi-Index 2035 Lifetime	207,894	163,727
Mid Cap Index Fund	207,304	188,506
John Hancock Multi-Index LS Growth	190,003	192,184
Vanguard Total World Stock Index ETF	162,553	153,347
Small Cap Index Fund	117,334	110,970
John Hancock Multi-Index 2025 Lifetime	111,804	64,533
John Hancock Stable Value Guaranteed Income	90,072	29,664
John Hancock Multi-Index 2065 Lifetime	80,822	43,117
John Hancock Multi-Index LS Aggressive	79,104	53,816

COMMONWEALTH DENTAL GROUP 401(K)  
RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023

NOTE E – CERTIFIED INFORMATION (CONTINUED)

John Hancock Multi-Index 2060 Lifetime	72,458	53,962
American Funds New World Fund	48,063	39,868
John Hancock Multi-Index 2030 Lifetime	40,810	52,525
Invesco Small Cap Growth Fund	39,549	29,918
John Hancock Multi-Index 2010 Lifetime	37,302	35,287
John Hancock Multi-Index LS Balanced	37,031	30,008
Janus Henderson Global Equity Income Fund	29,439	23,227
Vanguard Total Bond Market Index	27,013	38,000
Vanguard Intermediate Term Bond Index	24,387	18,343
PIMCO International Bond Fund	23,147	16,252
MFS Mid Cap Value Fund	21,457	14,809
DFA Intermediate Government Fixed-Income Fund	20,212	13,820
Vanguard Target Retirement 2030	19,100	47,286
AB Global Bond Fund	14,898	11,395
MFS Mid Cap Growth Fund	14,567	10,004
PIMCO Real Return Fund	14,382	9,186
John Hancock Multi-Index LS Moderate	12,432	5,940
Allspring Special Small Cap Value Fund	11,862	10,215
Strategic Income Opportunities Fund	3,828	3,191
PGIM Global Total Return Fund	687	500
MainStay MacKay HY Corp Bond	191	-0-
Cash	183	233
Notes Receivable from Participants	<u>111,988</u>	<u>99,995</u>
Total	<u>\$ 14,055,780</u>	<u>\$11,436,259</u>

The Plan has investments in Personal Brokerage Accounts in the amount of \$556,854 and \$468,215 at December 31, 2024 and 2023 which are not covered by the certification received from John Hancock. Net appreciation in fair value of investments of \$ \$88,639 and \$86,770 for 2024 and 2023 is related to the PBA account.

Additions to net assets for the year ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Interest income	\$ 8,751	\$ 5,953
Net appreciation in fair value of investments	\$1,682,500	\$1,607,754

Per John Hancock Life Insurance Company's certified information, separate sub-accounts of each investment option are maintained for each participant electing such option. Accordingly, John Hancock Life Insurance Company does not account for dividends separate from unrealized gain or loss and no separate dividend income information is made available for the Plan.

NOTE F - RELATED PARTY TRANSACTIONS

During 2024 and 2023, the Plan invested in shares of pooled separate accounts managed by John Hancock Life Insurance Company, which is a related party to the Trustee. Therefore, these transactions qualify as party-in-interest transactions. Trustee fees are paid by the Company other than immaterial administrative fees. In addition, the Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions.

NOTE G - TAX STATUS

The Company has adopted the Volume Submitter PPD Profit Sharing 401(k) Plan. The Internal Revenue Service has streamlined the determination letter program so that most retirement plans using prototype documents do not need to file for a determination letter to have reliance that their plan satisfies the Internal Revenue Code. The Company received a letter of opinion for the Prototype Plan dated June 30, 2020. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE H - RISKS AND UNCERTAINTIES

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

COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN  
 EMPLOYER IDENTIFICATION NUMBER 85-1192504  
 PLAN NUMBER 001  
 SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a) party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Vanguard Target Retirement 2040	Pooled Separate Account	**	\$ 2,176,082
Janus Henderson Balanced Fund	Pooled Separate Account	**	1,739,185
AB Large Cap Growth Fund	Pooled Separate Account	**	874,662
Vanguard Target Retirement 2045	Pooled Separate Account	**	870,485
500 Index Fund	Pooled Separate Account	**	747,164
Vanguard Target Retirement 2055	Pooled Separate Account	**	723,903
Vanguard Target Retirement 2035	Pooled Separate Account	**	665,888
* John Hancock Multi-Index 2040 Lifetime	Pooled Separate Account	**	597,637
* John Hancock Multi-Index 2045 Lifetime	Pooled Separate Account	**	576,171
Loomis Sayles Core Plus Bond Fund	Pooled Separate Account	**	504,275
Vanguard Target Retirement 2050	Pooled Separate Account	**	413,746
Columbia Dividend Income Fund	Pooled Separate Account	**	404,663
American Funds New Perspective Fund	Pooled Separate Account	**	325,367
T. Rowe Price Dividend Growth Fund	Pooled Separate Account	**	325,234
Vanguard Target Retirement 2060	Pooled Separate Account	**	315,035
Vanguard Target Retirement 2025	Pooled Separate Account	**	253,519
* John Hancock Multi-Index 2055 Lifetime	Pooled Separate Account	**	248,630
* John Hancock Multi-Index 2050 Lifetime	Pooled Separate Account	**	213,871
Vanguard Target Retirement 2065	Pooled Separate Account	**	208,387
* John Hancock Multi-Index 2035 Lifetime	Pooled Separate Account	**	207,894
Mid Cap Index Fund	Pooled Separate Account	**	207,304
* John Hancock Multi-Index LS Growth	Pooled Separate Account	**	190,003
Vanguard Total World Stock Index ETF	Pooled Separate Account	**	162,553
Small Cap Index Fund	Pooled Separate Account	**	117,334
* John Hancock Multi-Index 2025 Lifetime	Pooled Separate Account	**	111,804
* John Hancock Stable Value Guaranteed Income	Pooled Separate Account	**	90,072
* John Hancock Multi-Index 2065 Lifetime	Pooled Separate Account	**	80,822
* John Hancock Multi-Index LS Aggressive	Pooled Separate Account	**	79,104
* John Hancock Multi-Index 2060 Lifetime	Pooled Separate Account	**	72,458
American Funds New World Fund	Pooled Separate Account	**	48,063
* John Hancock Multi-Index 2030 Lifetime	Pooled Separate Account	**	40,810
Invesco Small Cap Growth Fund	Pooled Separate Account	**	39,549
* John Hancock Multi-Index 2010 Lifetime	Pooled Separate Account	**	37,302
* John Hancock Multi-Index LS Balanced	Pooled Separate Account	**	37,031
Janus Henderson Global Equity Income Fund	Pooled Separate Account	**	29,439

COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN  
 EMPLOYER IDENTIFICATION NUMBER 85-1192504  
 PLAN NUMBER 001  
 SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a) party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Vanguard Target Retirement 2040	Pooled Separate Account	**	\$ 2,176,082
Janus Henderson Balanced Fund	Pooled Separate Account	**	1,739,185
AB Large Cap Growth Fund	Pooled Separate Account	**	874,662
Vanguard Target Retirement 2045	Pooled Separate Account	**	870,485
500 Index Fund	Pooled Separate Account	**	747,164
Vanguard Target Retirement 2055	Pooled Separate Account	**	723,903
Vanguard Target Retirement 2035	Pooled Separate Account	**	665,888
* John Hancock Multi-Index 2040 Lifetime	Pooled Separate Account	**	597,637
* John Hancock Multi-Index 2045 Lifetime	Pooled Separate Account	**	576,171
Loomis Sayles Core Plus Bond Fund	Pooled Separate Account	**	504,275
Vanguard Target Retirement 2050	Pooled Separate Account	**	413,746
Columbia Dividend Income Fund	Pooled Separate Account	**	404,663
American Funds New Perspective Fund	Pooled Separate Account	**	325,367
T. Rowe Price Dividend Growth Fund	Pooled Separate Account	**	325,234
Vanguard Target Retirement 2060	Pooled Separate Account	**	315,035
Vanguard Target Retirement 2025	Pooled Separate Account	**	253,519
* John Hancock Multi-Index 2055 Lifetime	Pooled Separate Account	**	248,630
* John Hancock Multi-Index 2050 Lifetime	Pooled Separate Account	**	213,871
Vanguard Target Retirement 2065	Pooled Separate Account	**	208,387
* John Hancock Multi-Index 2035 Lifetime	Pooled Separate Account	**	207,894
Mid Cap Index Fund	Pooled Separate Account	**	207,304
* John Hancock Multi-Index LS Growth	Pooled Separate Account	**	190,003
Vanguard Total World Stock Index ETF	Pooled Separate Account	**	162,553
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* John Hancock Multi-Index 2025 Lifetime	Pooled Separate Account	**	111,804
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* John Hancock Multi-Index LS Aggressive	Pooled Separate Account	**	79,104
* John Hancock Multi-Index 2060 Lifetime	Pooled Separate Account	**	72,458
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Invesco Small Cap Growth Fund	Pooled Separate Account	**	39,549
* John Hancock Multi-Index 2010 Lifetime	Pooled Separate Account	**	37,302
* John Hancock Multi-Index LS Balanced	Pooled Separate Account	**	37,031
Janus Henderson Global Equity Income Fund	Pooled Separate Account	**	29,439

COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN  
 EMPLOYER IDENTIFICATION NUMBER 85-1192504  
 PLAN NUMBER 001  
 SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

Vanguard Total Bond Market Index	Pooled Separate Account	**	27,013
Vanguard Intermediate Term Bond Index	Pooled Separate Account	**	24,387
PIMCO International Bond Fund	Pooled Separate Account	**	23,147
MFS Mid Cap Value Fund	Pooled Separate Account	**	21,457
DFA Intermediate Government Fixed-Income Fund	Pooled Separate Account	**	20,212
Vanguard Target Retirement 2030	Pooled Separate Account	**	19,100
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* John Hancock Multi-Index LS Moderate	Pooled Separate Account	**	12,432
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Strategic Income Opportunties Fund	Pooled Separate Account	**	3,828
PGIM Global Total Return Fund	Pooled Separate Account	**	687
MainStay MacKay HY Corp Bond	Pooled Separate Account	**	191
Personal Brokerage Accounts	Pooled Separate Account	**	556,854
Cash	Cash	**	183
* Notes receivable from participants	Interest rates - 4.25% to 9.50%	**	<u>111,988</u>
			<u>\$ 14,612,634</u>

\* Indicates party-in-interest to the Plan as defined by ERISA.

\*\* Cost information not required for participant directed accounts.

**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.)  
 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**

<b>1a</b> Name of plan Commonwealth Dental Group 401(k) Retirement Savings Plan	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	10/01/2020
<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)  Commonwealth Dental Group  105 Spruce Street  Lexington KY 40507	<b>2b</b> Employer Identification Number (EIN)	85-1192504
	<b>2c</b> Plan Sponsor's telephone number	859-296-4846
	<b>2d</b> 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.

<b>SIGN HERE</b>	<i>Joan Tyra</i>	<u>10/14/2025</u>	Joan Tyra
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Alisa Houpp</i>	<u>10/14/2025</u>	Alisa Houpp
	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

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

Form 5500 (2024)  
v. 240311

<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
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<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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	390
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<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 .....	323
<b>a(2)</b> Total number of active participants at the end of the plan year .....	320
<b>b</b> Retired or separated participants receiving benefits .....	3
<b>c</b> Other retired or separated participants entitled to future benefits .....	63
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....	386
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....	386
<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) .....	335
<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) .....	347
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 3H

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

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

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COMMONWEALTH DENTAL GROUP 401(K) RETIREMENT SAVINGS PLAN  
 EMPLOYER IDENTIFICATION NUMBER 85-1192504  
 PLAN NUMBER 001  
 SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a) party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Vanguard Target Retirement 2040	Pooled Separate Account	**	\$ 2,176,082
Janus Henderson Balanced Fund	Pooled Separate Account	**	1,739,185
AB Large Cap Growth Fund	Pooled Separate Account	**	874,662
Vanguard Target Retirement 2045	Pooled Separate Account	**	870,485
500 Index Fund	Pooled Separate Account	**	747,164
Vanguard Target Retirement 2055	Pooled Separate Account	**	723,903
Vanguard Target Retirement 2035	Pooled Separate Account	**	665,888
* John Hancock Multi-Index 2040 Lifetime	Pooled Separate Account	**	597,637
* John Hancock Multi-Index 2045 Lifetime	Pooled Separate Account	**	576,171
Loomis Sayles Core Plus Bond Fund	Pooled Separate Account	**	504,275
Vanguard Target Retirement 2050	Pooled Separate Account	**	413,746
Columbia Dividend Income Fund	Pooled Separate Account	**	404,663
American Funds New Perspective Fund	Pooled Separate Account	**	325,367
T. Rowe Price Dividend Growth Fund	Pooled Separate Account	**	325,234
Vanguard Target Retirement 2060	Pooled Separate Account	**	315,035
Vanguard Target Retirement 2025	Pooled Separate Account	**	253,519
* John Hancock Multi-Index 2055 Lifetime	Pooled Separate Account	**	248,630
* John Hancock Multi-Index 2050 Lifetime	Pooled Separate Account	**	213,871
Vanguard Target Retirement 2065	Pooled Separate Account	**	208,387
* John Hancock Multi-Index 2035 Lifetime	Pooled Separate Account	**	207,894
Mid Cap Index Fund	Pooled Separate Account	**	207,304
* John Hancock Multi-Index LS Growth	Pooled Separate Account	**	190,003
Vanguard Total World Stock Index ETF	Pooled Separate Account	**	162,553
Small Cap Index Fund	Pooled Separate Account	**	117,334
* John Hancock Multi-Index 2025 Lifetime	Pooled Separate Account	**	111,804
* John Hancock Stable Value Guaranteed Income	Pooled Separate Account	**	90,072
* John Hancock Multi-Index 2065 Lifetime	Pooled Separate Account	**	80,822
* John Hancock Multi-Index LS Aggressive	Pooled Separate Account	**	79,104
* John Hancock Multi-Index 2060 Lifetime	Pooled Separate Account	**	72,458
American Funds New World Fund	Pooled Separate Account	**	48,063
* John Hancock Multi-Index 2030 Lifetime	Pooled Separate Account	**	40,810
Invesco Small Cap Growth Fund	Pooled Separate Account	**	39,549
* John Hancock Multi-Index 2010 Lifetime	Pooled Separate Account	**	37,302
* John Hancock Multi-Index LS Balanced	Pooled Separate Account	**	37,031
Janus Henderson Global Equity Income Fund	Pooled Separate Account	**	29,439

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 DECEMBER 31, 2024

(b) Identity of Issue, borrower, lessor or similar (a) party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
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