

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan ULTRADENT PRODUCTS, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1992
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) ULTRADENT PRODUCTS, INC. 505 WEST ULTRADENT DRIVE SOUTH JORDAN, UT 84095
2b	Employer Identification Number (EIN) 87-0336957
2c	Plan Sponsor's telephone number 801-553-4253
2d	Business code (see instructions) 339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2026	MARK BRINKERHOFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1669
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1341 6a(2) 1199 6b 2 6c 383 6d 1584 6e 0 6f 1584 6g(1) 1348 6g(2) 1323 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2T 3D 2R

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ULTRADENT PRODUCTS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ULTRADENT PRODUCTS, INC.	D Employer Identification Number (EIN) 87-0336957	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

SOLTIS INVESTMENT ADVISORS

27-3188744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	ADVISOR	173883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	50373	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	42097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JONES SIMKINS LLC

46-1592906

(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?
10	ACCOUNTANT	35658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN MID CAP INV - SS&C GLOBAL 94-3167260	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS RLTY - SS&C GIDS, I 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GP INTL OPP INV - ULTIMUS FUND SOL 31-1663251	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS GOLD SPL MIN A - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R4 - MFS SERVICE 04-2865649	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND INV - SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTL INV - SS&C GIDS, INC	2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA BAL CONSV 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA BAL GROWTH 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA BAL MODERATE 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA DIVERSFD BOND 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA GLOBAL GROWTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA INCOME GROWTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA LARGE CAP GRTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2020 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2025 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2030 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2035 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2040 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2045 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2050 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2055 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIA TD 2060 2	185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP DIVERS MDCP GR - T. ROWE PRICE	52-2269240	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WM BLAIR INTL GRTH N - SS&C GLOBAL 2000 CROWN COLONY DRIVE KANSAS CITY, MO 64131	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan <u>ULTRADENT PRODUCTS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ULTRADENT PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>87-0336957</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE A

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2025 2

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

c EIN-PN <u>83-1286100-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1400263</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2030 2

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

c EIN-PN <u>83-1300171-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3511652</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2050 2

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

c EIN-PN <u>83-1373905-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3707936</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2055 2

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

c EIN-PN <u>83-1392402-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4223557</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2060 2

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

c EIN-PN <u>83-1401342-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3198781</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE A

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>52-1309931-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2527010</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2020 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1273151-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208055
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA GLOBAL GROWTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1466030-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8095445
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA BAL CONSV 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1527285-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2236425
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA DIVERSFD BOND 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-3084851-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338203
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA LARGE CAP GRTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1419179-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5034982
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA BAL GROWTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1482059-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13981027
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA INCOME GROWTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1580447-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263308
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2035 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1318731-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3968579
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2040 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1335569-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3839397
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA BAL MODERATE 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1512343-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8072307

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2045 2**b** Name of sponsor of entity listed in (a): ALTA TRUST COMPANY**c** EIN-PN 83-1358106-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6382112**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan ULTRADENT PRODUCTS, INC. 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 ULTRADENT PRODUCTS, INC.	D Employer Identification Number (EIN) 87-0336957	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	627748	927776
(2) U.S. Government securities	1c(2)	203965	41933
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	211925	436655
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	843541	882738
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1736527	1787951
(9) Value of interest in common/collective trusts	1c(9)	64278876	70989039
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42189521	50176924
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	101232	103753

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	110193335	125346769

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	110193335	125346769
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3330064	
(B) Participants	2a(1)(B)	6931647	
(C) Others (including rollovers)	2a(1)(C)	977689	
(2) Noncash contributions	2a(2)	0	11239400
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32862	
(B) U.S. Government securities	2b(1)(B)	1953	
(C) Corporate debt instruments	2b(1)(C)	5200	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	132472	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		172487
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	1201845
(B) Common stock	2b(2)(B)	4312	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1197533	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1201845
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27336082	167166
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27168916	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	5130
(B) Other	2b(5)(B)	5130	
(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)		9955648
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5951304
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		28692980

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13308649	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13308649
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	-20740	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	215980	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	35657	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		230897
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13539546

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15153434
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JONES SIMKINS LLC.

(2) EIN: 46-1592906

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ULTRADENT PRODUCTS, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ULTRADENT PRODUCTS, INC.		D Employer Identification Number (EIN) 87-0336957
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

**As of December 31, 2025 and 2024 and for the
Year Ended December 31, 2025**



ULTRADENT PRODUCTS, INC. 401(k) PLAN
INDEX TO FINANCIAL STATEMENTS
As of December 31, 2025 and 2024 and for the
Year Ended December 31, 2025

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Ultradent Products, Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

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

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

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

In our opinion

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



JONES SIMKINS LLC

Logan, Utah

July 30, 2026

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments at fair value	\$ 123,558,818	\$ 108,456,808
Notes receivable from participants	<u>1,787,951</u>	<u>1,736,527</u>
Net assets available for benefits	<u>\$ 125,346,769</u>	<u>\$ 110,193,335</u>

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2025

Additions:

Investment income:

Net change in fair value of investments	\$ 17,321,108
Less investment fees and expenses	<u>(230,897)</u>
	<u>17,090,211</u>

Interest income on notes receivable from participants	<u>132,472</u>
---	----------------

Contributions:

Participants	6,931,647
Employer	3,330,064
Rollovers	<u>977,689</u>
	<u>11,239,400</u>

Total additions	<u>28,462,083</u>
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Deductions:

Benefits paid to participants	<u>13,308,649</u>
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Total deductions	<u>13,308,649</u>
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Net increase	15,153,434
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Net assets available for benefits:

Beginning of year	<u>110,193,335</u>
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End of year	<u><u>\$ 125,346,769</u></u>
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The accompanying notes are an integral part of these financial statements.

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

Note 1 – Description of Plan

The following description of the Ultradent Products, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

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

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

Note 1 – Description of Plan (continued)

Vesting

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

Notes Receivable from Participants

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

Payment of Benefits

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

Forfeited Accounts

As of December 31, 2025 and 2024, forfeited nonvested accounts totaled \$2,764 and \$171, respectively. Forfeited nonvested accounts will be used to reduce Company matching contributions or pay allowable administrative expenses. During the year ended December 31, 2025, the Plan used \$15,282 in forfeited nonvested accounts to reduce Company matching contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

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

Note 2 – Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Contributions

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Excess Contributions Payable

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

Payment of Benefits

Benefits are recorded when paid.

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

Note 2 – Summary of Significant Accounting Policies (continued)

Expenses

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

Note 3 – Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2025 and 2024, and net change in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Personal Trust Company (Fidelity) (the trustee of the Plan), a qualified institution.

Note 4 – Fair Value Measurements

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

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

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

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

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

Note 4 – Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market funds are valued using quoted market prices for identical investments in active markets.

Certificates of deposit are valued using observable market information for instruments with similar maturities and credit characteristics.

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

Options are valued based on the closing price reported on the active market on which they are traded.

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

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

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

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

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

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

Note 4 – Fair Value Measurements (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025.

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Fair value hierarchy:				
Target date funds	\$ -	\$ 68,462,029	\$ -	\$ 68,462,029
Mutual funds	50,176,924	-	-	50,176,924
Money market funds	889,597	-	-	889,597
Common stocks	882,738	-	-	882,738
Corporate bonds	-	436,655	-	436,655
Options	-	103,753	-	103,753
Government bonds	-	41,933	-	41,933
Certificates of deposit	<u>38,179</u>	<u>-</u>	<u>-</u>	<u>38,179</u>
Total assets in fair value hierarchy				121,031,808
Investments measured at net asset value:				
Collective trust fund				<u>2,527,010</u>
Total investments at fair value				<u>\$ 123,558,818</u>

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

Note 4 – Fair Value Measurements (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024.

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

In accordance with ASC 820-10, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Note 5 – Party-In-Interest Transactions

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

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

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

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

Note 6 – Plan Termination

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

Note 7 – Tax Status

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

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

Note 8 – Risks and Uncertainties

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

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

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

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

Note 10 – Subsequent Events

The Plan evaluated its December 31, 2025 financial statements for subsequent events through July 30, 2026, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Mutual Funds:		
	Vanguard	Vanguard 500 Index Adm	n/a	\$ 17,079,689
	Oakmark	Oakmark I Fund	n/a	4,621,932
	Dodge & Cox	Income X (DOXIX)	n/a	2,994,185
	Vanguard	Vanguard Emerging Markets Small Cap	n/a	2,751,827
	Vanguard	Vanguard Mid Cap Index Fund	n/a	2,429,143
	Oakmark	Oakmark International Investor	n/a	2,363,515
	Vanguard	Vanguard Developed Markets Index Fund	n/a	2,193,951
	Pimco	Pimco Income Fund Institutional Class (PIMIX)	n/a	1,594,181
	T. Rowe Price	T. Rowe Price QM US Small-Cap	n/a	1,583,469
*	Fidelity Investments	Fidelity Unit Shares	n/a	1,580,404
	MFS	Mid Cap Value R4	n/a	1,415,003
	Vanguard	Vanguard Small Cap Index Fund	n/a	1,356,954
*	Fidelity Investments	Fidelity External Fund	n/a	1,188,522
	T. Rowe Price	T. Rowe Price Diversified Mid-Cap Growth	n/a	1,158,334
	Cohen & Steers	Cohen & Steers Realty Shares	n/a	951,316
	Vanguard	Vanguard Total Bond Market Index Admiral	n/a	902,286
	MFS	International Equity Fund Class R6	n/a	901,162
*	Fidelity Investments	Fidelity Emerging Markets	n/a	746,698
*	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund	n/a	740,653
	Invesco	Invesco Gold & Special Minerals Fund Class A	n/a	740,069
*	Fidelity Investments	Fidelity Zero Large Cap Index Fund	n/a	499,515
	Grandeur Peak	Grandeur Peak International Opportunities	n/a	384,116
		Target Date Funds:		
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Growth 2	n/a	13,981,027
*	Soltis Investment Advisors	Soltis Investment Advisors Global Growth 2	n/a	8,095,445
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Moderate 2	n/a	8,072,307
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2045 2	n/a	6,382,112
*	Soltis Investment Advisors	Soltis Investment Advisors Large Cap Growth 2	n/a	5,034,982
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2055 2	n/a	4,223,557
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2035 2	n/a	3,968,579
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2040 2	n/a	3,839,397
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2050 2	n/a	3,707,936
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2030 2	n/a	3,511,652
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2060 2	n/a	3,198,781
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Conservative 2	n/a	2,236,425
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2025 2	n/a	1,400,263
*	Soltis Investment Advisors	Soltis Investment Advisors Diversified Bond 2	n/a	338,203
*	Soltis Investment Advisors	Soltis Investment Advisors Income Growth 2	n/a	263,308
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2020 2	n/a	208,055
		Collective Trust Fund:		
	T. Rowe Price	T. Rowe Price Stable Value A	n/a	2,527,010
		Common Stocks:		
	Tesla Motors Inc	235 shares of common stock	n/a	105,684
	AST Spacemobile Inc	902 shares of common stock	n/a	65,494
	Paypal Holdings Inc	1,100 shares of common stock	n/a	64,231
	Intel Corp	1,303 shares of common stock	n/a	48,096
	Reddit Inc CL A	196 shares of common stock	n/a	45,162
	Amazon.com Inc.	169 shares of common stock	n/a	39,009
	Alphabet Inc CL C	96 shares of common stock	n/a	30,175
	Yandex	350 shares of common stock	n/a	29,297

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value (continued)
		Common Stocks:		
	Sofi Technologies Inc	1,000 shares of common stock	n/a	26,180
	Alibaba Group Holdings LTD	169 shares of common stock	n/a	24,817
	Rivian Automotive Inc	1,100 shares of common stock	n/a	21,681
	Advanced Micro Devices Inc	100 shares of common stock	n/a	21,416
	Shopify Inc	125 shares of common stock	n/a	20,121
	Unitedhealth Group	52 shares of common stock	n/a	17,318
	Fidelity Ethereum Fund	571 shares of common stock	n/a	16,894
	Boeing Co	75 shares of common stock	n/a	16,284
	MFS Active Exchange Traded Funds	509 shares of common stock	n/a	15,505
	Facebook Inc	23 shares of common stock	n/a	15,374
	Adobe SYS Inc	41 shares of common stock	n/a	14,350
	Nvidia Corp	67 shares of common stock	n/a	12,516
	Webull Corp	1,500 shares of common stock	n/a	11,655
	Snowflake Inc	52 shares of common stock	n/a	11,407
	Xerox Holdings Corp	4,500 shares of common stock	n/a	10,665
	Lululemon Athletica Inc	50 shares of common stock	n/a	10,391
	Estee Lauder Companies Inc	98 shares of common stock	n/a	10,267
	Microsoft Corp	17 shares of common stock	n/a	8,456
	Nio Inc	1,384 shares of common stock	n/a	7,060
	Salesforce Inc	25 shares of common stock	n/a	6,749
	GE Vernova Inc	10 shares of common stock	n/a	6,536
	Lilly Eli & Co	6 shares of common stock	n/a	6,458
	Netflix	69 shares of common stock	n/a	6,458
	Southern Copper Corp	44 shares of common stock	n/a	6,312
	Intuit Inc	9 shares of common stock	n/a	5,970
	Disney (Walt) co Com Stk	50 shares of common stock	n/a	5,738
	Coinbase Global Inc	25 shares of common stock	n/a	5,641
	Costco Wholesale Corp	6 shares of common stock	n/a	5,188
	Avino Silver & Gold Mines	822 shares of common stock	n/a	5,105
	Figma Inc	135 shares of common stock	n/a	5,035
	Align Technology Inc	30 shares of common stock	n/a	4,709
	Celsius Holdings Inc	100 shares of common stock	n/a	4,574
	Duolingo Inc CL A	25 shares of common stock	n/a	4,388
	Upstart Holdings Inc	100 shares of common stock	n/a	4,373
	Oscar Health Inc	300 shares of common stock	n/a	4,311
	Crispr Therapeutics	81 shares of common stock	n/a	4,248
	Churchill Capital Corp	250 shares of common stock	n/a	3,900
	Poet Technologies Inc	600 shares of common stock	n/a	3,798
	Veracyte Inc	88 shares of common stock	n/a	3,705
	KLA-Tencor Corp	100 shares of common stock	n/a	3,645
	Palantir Technologies Inc	20 shares of common stock	n/a	3,555
	DRDGold LTD	111 shares of common stock	n/a	3,442
	Hims & Hers Health Inc	100 shares of common stock	n/a	3,247
	Bigbear AI Holdings Inc	600 shares of common stock	n/a	3,240
	Rolls Royce	200 shares of common stock	n/a	3,144
	Super Micro Computer Inc	100 shares of common stock	n/a	2,927
	JD Com Inc	100 shares of common stock	n/a	2,870
	Apple Computer Inc	10 shares of common stock	n/a	2,728
	Kenvue Inc	154 shares of common stock	n/a	2,648
	Recursion Pharmaceuticals Inc	580 shares of common stock	n/a	2,372
	E L F Beauty Inc	30 shares of common stock	n/a	2,281
	Nintendo	120 shares of common stock	n/a	2,023
	Oracle	9 shares of common stock	n/a	1,754
	Albemarle Corp	10 shares of common stock	n/a	1,467

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value (continued)
		Common Stocks:		
	Bitwise Funds Trust	69 shares of common stock	n/a	1,440
	Hyster-Yale Matls Handling Inc	45 shares of common stock	n/a	1,337
	Metalla Royalty & Streaming LTD	166 shares of common stock	n/a	1,294
	Proshares TR Short S&P 500	34 shares of common stock	n/a	1,222
	Coreweave Inc	16 shares of common stock	n/a	1,136
	Skyworks Solutions Inc	17 shares of common stock	n/a	1,074
	Workday Inc	5 shares of common stock	n/a	1,074
	Corsair Gaming Inc	173 shares of common stock	n/a	1,025
	Soundhound AI Inc	100 shares of common stock	n/a	997
	Fluor Corp	25 shares of common stock	n/a	991
	AMC Entertainment Holdings Inc	600 shares of common stock	n/a	936
	Celanese Corp	21 shares of common stock	n/a	895
	Proshares TR Ultrapro SRT DOW	81 shares of common stock	n/a	741
	Finwise Bancorp	40 shares of common stock	n/a	718
	Listed FDS	75 shares of common stock	n/a	716
	FuboTV Inc	250 shares of common stock	n/a	630
	First Majestic Silver Corp	37 shares of common stock	n/a	609
	Barclays PLC	20 shares of common stock	n/a	529
	Teladoc Inc	74 shares of common stock	n/a	518
	Avant Brands Inc	583 shares of common stock	n/a	383
	Beyond Meat Inc	230 shares of common stock	n/a	189
	Direxion SHS ETF	5 shares of common stock	n/a	152
	Defi Technologies Inc	100 shares of common stock	n/a	75
	Phillips 66	1 share of common stock	n/a	9
	Exro Technologies Inc	2,000 shares of common stock	n/a	4
		Corporate Bonds:		
	Barclays Bank PLC	\$100,000 Corporate Bond; maturity 12/23/2027	n/a	100,130
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 7/17/2029	n/a	64,825
	BNP Parabis	\$50,000 Corporate Bond; maturity 6/1/2027	n/a	63,375
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 6/5/2028	n/a	63,050
	GS Fin Corp	\$50,000 Corporate Bond; maturity 7/13/2026	n/a	62,115
	BNP Parabis	\$50,000 Corporate Bond; maturity 1/2/2030	n/a	57,240
	BNP Parabis	\$25,000 Corporate Bond; maturity 10/17/2029	n/a	25,920
		Government Bonds:		
	United States Treasury	\$22,000; US Treasury Note; maturity date 2/15/2030	n/a	20,207
	United States Treasury	\$10,000; US Treasury Note; maturity date 1/31/2030	n/a	9,943
	United States Treasury	\$6,000; US Treasury Note; maturity date 5/15/2030	n/a	5,265
	United States Treasury	\$3,000; US Treasury Note; maturity date 8/31/2029	n/a	2,949
	United States Treasury	\$3,000; US Treasury Note; maturity date 11/15/2030	n/a	2,623
	United States Treasury	\$1,000; US Treasury Note; maturity date 1/31/2028	n/a	946
		Options:		
*	Fidelity Investments	Fidelity Option	n/a	103,753
		Money Market:		
*	Fidelity Investments	Fidelity Cash Reserves	n/a	856,165
*	Fidelity Investments	Fidelity Government Money Market	n/a	33,432

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
 Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
				(continued)
		Certificates of Deposit:		
	UBS Bank	\$22,000 certificate of deposit; matures during 2026	n/a	22,176
	First State Bank	\$10,000 certificate of deposit; matures during 2026	n/a	10,002
	Frontier Bank	\$3,000 certificate of deposit; matures during 2026	n/a	3,001
	Citibank	\$3,000 certificate of deposit; matures during 2026	n/a	3,000
		Receivables:		
*	Notes receivable from participants	Loans to participants at interest rates ranging from 1% to 9.5%, with maturities through January 2037.	-	1,787,951
	Total assets held for investment purposes			\$ 125,346,769

* - Denotes a party-in-interest

ULTRADENT PRODUCTS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

**As of December 31, 2025 and 2024 and for the
Year Ended December 31, 2025**



ULTRADENT PRODUCTS, INC. 401(k) PLAN
INDEX TO FINANCIAL STATEMENTS
As of December 31, 2025 and 2024 and for the
Year Ended December 31, 2025

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Ultradent Products, Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

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

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

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

In our opinion

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



JONES SIMKINS LLC

Logan, Utah

July 30, 2026

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments at fair value	\$ 123,558,818	\$ 108,456,808
Notes receivable from participants	<u>1,787,951</u>	<u>1,736,527</u>
Net assets available for benefits	<u>\$ 125,346,769</u>	<u>\$ 110,193,335</u>

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

ULTRADENT PRODUCTS, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2025

Additions:

Investment income:

Net change in fair value of investments	\$ 17,321,108
Less investment fees and expenses	<u>(230,897)</u>
	<u>17,090,211</u>

Interest income on notes receivable from participants	<u>132,472</u>
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Contributions:

Participants	6,931,647
Employer	3,330,064
Rollovers	<u>977,689</u>
	<u>11,239,400</u>

Total additions	<u>28,462,083</u>
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Deductions:

Benefits paid to participants	<u>13,308,649</u>
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Total deductions	<u>13,308,649</u>
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Net increase	15,153,434
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Net assets available for benefits:

Beginning of year	<u>110,193,335</u>
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End of year	<u><u>\$ 125,346,769</u></u>
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The accompanying notes are an integral part of these financial statements.

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

Note 1 – Description of Plan

The following description of the Ultradent Products, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

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

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

Note 1 – Description of Plan (continued)

Vesting

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

Notes Receivable from Participants

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

Payment of Benefits

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

Forfeited Accounts

As of December 31, 2025 and 2024, forfeited nonvested accounts totaled \$2,764 and \$171, respectively. Forfeited nonvested accounts will be used to reduce Company matching contributions or pay allowable administrative expenses. During the year ended December 31, 2025, the Plan used \$15,282 in forfeited nonvested accounts to reduce Company matching contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

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

Note 2 – Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Contributions

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Excess Contributions Payable

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

Payment of Benefits

Benefits are recorded when paid.

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

Note 2 – Summary of Significant Accounting Policies (continued)

Expenses

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

Note 3 – Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2025 and 2024, and net change in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Personal Trust Company (Fidelity) (the trustee of the Plan), a qualified institution.

Note 4 – Fair Value Measurements

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

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

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

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

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

Note 4 – Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market funds are valued using quoted market prices for identical investments in active markets.

Certificates of deposit are valued using observable market information for instruments with similar maturities and credit characteristics.

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

Options are valued based on the closing price reported on the active market on which they are traded.

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

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

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

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

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

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

Note 4 – Fair Value Measurements (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025.

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Fair value hierarchy:				
Target date funds	\$ -	\$ 68,462,029	\$ -	\$ 68,462,029
Mutual funds	50,176,924	-	-	50,176,924
Money market funds	889,597	-	-	889,597
Common stocks	882,738	-	-	882,738
Corporate bonds	-	436,655	-	436,655
Options	-	103,753	-	103,753
Government bonds	-	41,933	-	41,933
Certificates of deposit	<u>38,179</u>	<u>-</u>	<u>-</u>	<u>38,179</u>
Total assets in fair value hierarchy				121,031,808
Investments measured at net asset value:				
Collective trust fund				<u>2,527,010</u>
Total investments at fair value				<u>\$ 123,558,818</u>

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

Note 4 – Fair Value Measurements (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024.

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

In accordance with ASC 820-10, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Note 5 – Party-In-Interest Transactions

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

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

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

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

Note 6 – Plan Termination

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

Note 7 – Tax Status

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

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

Note 8 – Risks and Uncertainties

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

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

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

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

Note 10 – Subsequent Events

The Plan evaluated its December 31, 2025 financial statements for subsequent events through July 30, 2026, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Mutual Funds:		
	Vanguard	Vanguard 500 Index Adm	n/a	\$ 17,079,689
	Oakmark	Oakmark I Fund	n/a	4,621,932
	Dodge & Cox	Income X (DOXIX)	n/a	2,994,185
	Vanguard	Vanguard Emerging Markets Small Cap	n/a	2,751,827
	Vanguard	Vanguard Mid Cap Index Fund	n/a	2,429,143
	Oakmark	Oakmark International Investor	n/a	2,363,515
	Vanguard	Vanguard Developed Markets Index Fund	n/a	2,193,951
	Pimco	Pimco Income Fund Institutional Class (PIMIX)	n/a	1,594,181
	T. Rowe Price	T. Rowe Price QM US Small-Cap	n/a	1,583,469
*	Fidelity Investments	Fidelity Unit Shares	n/a	1,580,404
	MFS	Mid Cap Value R4	n/a	1,415,003
	Vanguard	Vanguard Small Cap Index Fund	n/a	1,356,954
*	Fidelity Investments	Fidelity External Fund	n/a	1,188,522
	T. Rowe Price	T. Rowe Price Diversified Mid-Cap Growth	n/a	1,158,334
	Cohen & Steers	Cohen & Steers Realty Shares	n/a	951,316
	Vanguard	Vanguard Total Bond Market Index Admiral	n/a	902,286
	MFS	International Equity Fund Class R6	n/a	901,162
*	Fidelity Investments	Fidelity Emerging Markets	n/a	746,698
*	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund	n/a	740,653
	Invesco	Invesco Gold & Special Minerals Fund Class A	n/a	740,069
*	Fidelity Investments	Fidelity Zero Large Cap Index Fund	n/a	499,515
	Grandeur Peak	Grandeur Peak International Opportunities	n/a	384,116
		Target Date Funds:		
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Growth 2	n/a	13,981,027
*	Soltis Investment Advisors	Soltis Investment Advisors Global Growth 2	n/a	8,095,445
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Moderate 2	n/a	8,072,307
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2045 2	n/a	6,382,112
*	Soltis Investment Advisors	Soltis Investment Advisors Large Cap Growth 2	n/a	5,034,982
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2055 2	n/a	4,223,557
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2035 2	n/a	3,968,579
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2040 2	n/a	3,839,397
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2050 2	n/a	3,707,936
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2030 2	n/a	3,511,652
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2060 2	n/a	3,198,781
*	Soltis Investment Advisors	Soltis Investment Advisors Balanced Conservative 2	n/a	2,236,425
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2025 2	n/a	1,400,263
*	Soltis Investment Advisors	Soltis Investment Advisors Diversified Bond 2	n/a	338,203
*	Soltis Investment Advisors	Soltis Investment Advisors Income Growth 2	n/a	263,308
*	Soltis Investment Advisors	Soltis Investment Advisors Target Date 2020 2	n/a	208,055
		Collective Trust Fund:		
	T. Rowe Price	T. Rowe Price Stable Value A	n/a	2,527,010
		Common Stocks:		
	Tesla Motors Inc	235 shares of common stock	n/a	105,684
	AST Spacemobile Inc	902 shares of common stock	n/a	65,494
	Paypal Holdings Inc	1,100 shares of common stock	n/a	64,231
	Intel Corp	1,303 shares of common stock	n/a	48,096
	Reddit Inc CL A	196 shares of common stock	n/a	45,162
	Amazon.com Inc.	169 shares of common stock	n/a	39,009
	Alphabet Inc CL C	96 shares of common stock	n/a	30,175
	Yandex	350 shares of common stock	n/a	29,297

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value (continued)
		Common Stocks:		
	Sofi Technologies Inc	1,000 shares of common stock	n/a	26,180
	Alibaba Group Holdings LTD	169 shares of common stock	n/a	24,817
	Rivian Automotive Inc	1,100 shares of common stock	n/a	21,681
	Advanced Micro Devices Inc	100 shares of common stock	n/a	21,416
	Shopify Inc	125 shares of common stock	n/a	20,121
	Unitedhealth Group	52 shares of common stock	n/a	17,318
	Fidelity Ethereum Fund	571 shares of common stock	n/a	16,894
	Boeing Co	75 shares of common stock	n/a	16,284
	MFS Active Exchange Traded Funds	509 shares of common stock	n/a	15,505
	Facebook Inc	23 shares of common stock	n/a	15,374
	Adobe SYS Inc	41 shares of common stock	n/a	14,350
	Nvidia Corp	67 shares of common stock	n/a	12,516
	Webull Corp	1,500 shares of common stock	n/a	11,655
	Snowflake Inc	52 shares of common stock	n/a	11,407
	Xerox Holdings Corp	4,500 shares of common stock	n/a	10,665
	Lululemon Athletica Inc	50 shares of common stock	n/a	10,391
	Estee Lauder Companies Inc	98 shares of common stock	n/a	10,267
	Microsoft Corp	17 shares of common stock	n/a	8,456
	Nio Inc	1,384 shares of common stock	n/a	7,060
	Salesforce Inc	25 shares of common stock	n/a	6,749
	GE Vernova Inc	10 shares of common stock	n/a	6,536
	Lilly Eli & Co	6 shares of common stock	n/a	6,458
	Netflix	69 shares of common stock	n/a	6,458
	Southern Copper Corp	44 shares of common stock	n/a	6,312
	Intuit Inc	9 shares of common stock	n/a	5,970
	Disney (Walt) co Com Stk	50 shares of common stock	n/a	5,738
	Coinbase Global Inc	25 shares of common stock	n/a	5,641
	Costco Wholesale Corp	6 shares of common stock	n/a	5,188
	Avino Silver & Gold Mines	822 shares of common stock	n/a	5,105
	Figma Inc	135 shares of common stock	n/a	5,035
	Align Technology Inc	30 shares of common stock	n/a	4,709
	Celsius Holdings Inc	100 shares of common stock	n/a	4,574
	Duolingo Inc CL A	25 shares of common stock	n/a	4,388
	Upstart Holdings Inc	100 shares of common stock	n/a	4,373
	Oscar Health Inc	300 shares of common stock	n/a	4,311
	Crispr Therapeutics	81 shares of common stock	n/a	4,248
	Churchill Capital Corp	250 shares of common stock	n/a	3,900
	Poet Technologies Inc	600 shares of common stock	n/a	3,798
	Veracyte Inc	88 shares of common stock	n/a	3,705
	KLA-Tencor Corp	100 shares of common stock	n/a	3,645
	Palantir Technologies Inc	20 shares of common stock	n/a	3,555
	DRDGold LTD	111 shares of common stock	n/a	3,442
	Hims & Hers Health Inc	100 shares of common stock	n/a	3,247
	Bigbear AI Holdings Inc	600 shares of common stock	n/a	3,240
	Rolls Royce	200 shares of common stock	n/a	3,144
	Super Micro Computer Inc	100 shares of common stock	n/a	2,927
	JD Com Inc	100 shares of common stock	n/a	2,870
	Apple Computer Inc	10 shares of common stock	n/a	2,728
	Kenvue Inc	154 shares of common stock	n/a	2,648
	Recursion Pharmaceuticals Inc	580 shares of common stock	n/a	2,372
	E L F Beauty Inc	30 shares of common stock	n/a	2,281
	Nintendo	120 shares of common stock	n/a	2,023
	Oracle	9 shares of common stock	n/a	1,754
	Albemarle Corp	10 shares of common stock	n/a	1,467

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value (continued)
		Common Stocks:		
	Bitwise Funds Trust	69 shares of common stock	n/a	1,440
	Hyster-Yale Matls Handling Inc	45 shares of common stock	n/a	1,337
	Metalla Royalty & Streaming LTD	166 shares of common stock	n/a	1,294
	Proshares TR Short S&P 500	34 shares of common stock	n/a	1,222
	Coreweave Inc	16 shares of common stock	n/a	1,136
	Skyworks Solutions Inc	17 shares of common stock	n/a	1,074
	Workday Inc	5 shares of common stock	n/a	1,074
	Corsair Gaming Inc	173 shares of common stock	n/a	1,025
	Soundhound AI Inc	100 shares of common stock	n/a	997
	Fluor Corp	25 shares of common stock	n/a	991
	AMC Entertainment Holdings Inc	600 shares of common stock	n/a	936
	Celanese Corp	21 shares of common stock	n/a	895
	Proshares TR Ultrapro SRT DOW	81 shares of common stock	n/a	741
	Finwise Bancorp	40 shares of common stock	n/a	718
	Listed FDS	75 shares of common stock	n/a	716
	FuboTV Inc	250 shares of common stock	n/a	630
	First Majestic Silver Corp	37 shares of common stock	n/a	609
	Barclays PLC	20 shares of common stock	n/a	529
	Teladoc Inc	74 shares of common stock	n/a	518
	Avant Brands Inc	583 shares of common stock	n/a	383
	Beyond Meat Inc	230 shares of common stock	n/a	189
	Direxion SHS ETF	5 shares of common stock	n/a	152
	Defi Technologies Inc	100 shares of common stock	n/a	75
	Phillips 66	1 share of common stock	n/a	9
	Exro Technologies Inc	2,000 shares of common stock	n/a	4
		Corporate Bonds:		
	Barclays Bank PLC	\$100,000 Corporate Bond; maturity 12/23/2027	n/a	100,130
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 7/17/2029	n/a	64,825
	BNP Parabis	\$50,000 Corporate Bond; maturity 6/1/2027	n/a	63,375
	JPMorgan Chase FINL Co LLC	\$50,000 Corporate Bond; maturity 6/5/2028	n/a	63,050
	GS Fin Corp	\$50,000 Corporate Bond; maturity 7/13/2026	n/a	62,115
	BNP Parabis	\$50,000 Corporate Bond; maturity 1/2/2030	n/a	57,240
	BNP Parabis	\$25,000 Corporate Bond; maturity 10/17/2029	n/a	25,920
		Government Bonds:		
	United States Treasury	\$22,000; US Treasury Note; maturity date 2/15/2030	n/a	20,207
	United States Treasury	\$10,000; US Treasury Note; maturity date 1/31/2030	n/a	9,943
	United States Treasury	\$6,000; US Treasury Note; maturity date 5/15/2030	n/a	5,265
	United States Treasury	\$3,000; US Treasury Note; maturity date 8/31/2029	n/a	2,949
	United States Treasury	\$3,000; US Treasury Note; maturity date 11/15/2030	n/a	2,623
	United States Treasury	\$1,000; US Treasury Note; maturity date 1/31/2028	n/a	946
		Options:		
*	Fidelity Investments	Fidelity Option	n/a	103,753
		Money Market:		
*	Fidelity Investments	Fidelity Cash Reserves	n/a	856,165
*	Fidelity Investments	Fidelity Government Money Market	n/a	33,432

(continued)

Ultradent Products, Inc. 401(k) Plan
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2025

EIN 87-0336957
 Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
				(continued)
		Certificates of Deposit:		
	UBS Bank	\$22,000 certificate of deposit; matures during 2026	n/a	22,176
	First State Bank	\$10,000 certificate of deposit; matures during 2026	n/a	10,002
	Frontier Bank	\$3,000 certificate of deposit; matures during 2026	n/a	3,001
	Citibank	\$3,000 certificate of deposit; matures during 2026	n/a	3,000
		Receivables:		
*	Notes receivable from participants	Loans to participants at interest rates ranging from 1% to 9.5%, with maturities through January 2037.	-	1,787,951
	Total assets held for investment purposes			\$ 125,346,769

* - Denotes a party-in-interest