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 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
DENTAL CARE ALLIANCE, LLC

1 SOUTH SCHOOL AVE, SUITE 1000
SARASOTA, FL 34237

2b Employer Identification Number (EIN)
82-0580763

2c Sponsor's telephone number
941-955-3150

2d Business code (see instructions)
621210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2010	TOM BEDFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2010	DAVID P. NICHOLS
	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 (if same as plan sponsor, enter "Same")
DENTAL CARE ALLIANCE, LLC

1 SOUTH SCHOOL AVE, SUITE 1000
SARASOTA, FL 34237

3b Administrator's EIN
82-0580763

3c Administrator's telephone number
941-955-3150

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1553
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1616
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	66
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1682
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1682
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	875
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	76
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 2S 3D 2T

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)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 71 72	RECORDKEEPER	20618	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

(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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

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)	13111	18325
(2) Participant contributions	1b(2)	74826	101958
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3616138	3714627
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(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)	288987	385024
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8723550	12853664
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	183710	201446

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12900322	17275044
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12900322	17275044

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)	412069	
	(B) Participants	2a(1)(B)	2400307	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2812376
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11714	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	21221	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32935
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	244452	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		244452
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	922975	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	922975	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2129388
c Other income	2c		-10235
d Total income. Add all **income** amounts in column (b) and enter total	2d		5208916
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	813992	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		813992
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		15202
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		834194
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4374722
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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: CHERRY, BEKAERT & HOLLAND, LLP (2) EIN: 56-0574444

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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)

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 section 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Distributions

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

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

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

EIN(s): 22-3513863 94-1687665

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 of 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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

DENTAL CARE ALLIANCE 401(K) PLAN

Financial Statements
December 31, 2009 and 2008

DENTAL CARE ALLIANCE 401(K) PLAN

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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Income Security Act of 1974 have been omitted because they are not applicable.

CHERRY BEKAERT& HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Report of Independent Certified Public Accountants

To the Administrative Committee
Dental Care Alliance 401(k) Plan
Tampa, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Dental Care Alliance 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the accompanying schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4 which was certified by the Merrill Lynch Bank & Trust Company, FSB, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and accompanying schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cherry, Bekaert & Holland, L.L.P.

August 3, 2010
Tampa, Florida

DENTAL CARE ALLIANCE 401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Investments at fair value		
Cash and money market accounts, interest bearing	$ 3,714,627	$ 3,615,760
Mutual funds	12,853,664	8,723,929
Self-directed account	201,446	183,710
Participant loans	385,024	288,987
Total investments	17,154,761	12,812,386
Contributions receivable		
Participant	101,958	74,826
Employer	18,325	13,111
	120,283	87,937
Total assets	17,275,044	12,900,323
Liabilities		
Excess contributions payable	92,825	-
Total liabilities	92,825	-
Net assets available for benefits	$ 17,182,219	$ 12,900,323

See notes to financial statements.

DENTAL CARE ALLIANCE 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets		
Investment income		
Net appreciation in fair value of investments	$	2,119,155
Interest and dividends on investments		256,164
Participant loan interest		21,221
Total investment income		2,396,540
Contributions		
Participants		2,307,481
Employer		412,069
Total contributions		2,719,550
Total additions		5,116,090
Deductions from net assets		
Benefits paid to participants		829,194
Administrative expenses		5,000
Total deductions		834,194
Net increase in net assets available for benefits		4,281,896
Net assets available for benefits		
Beginning of year		12,900,323
End of year	$	17,182,219

See notes to financial statements.

Note 1 – Description of Plan

Plan Description – The Dental Care Alliance 401(k) Plan ("the Plan") became effective on January 1, 2002, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is sponsored by Dental Care Alliance, LLC (the Company and Plan Administrator). The Plan is a defined contribution plan covering all active employees and affiliates of the Company. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation – The Plan is available to employees who have attained the age of 18 and completed three months of service. Employees are automatically enrolled in the Plan on the first day of the month coinciding with the date that eligibility requirements are met.

Contributions – Salary deferral contributions are made by participating employees via payroll deductions in amounts authorized by the individual employees. Non-highly compensated participants may contribute up to 25% of pretax annual compensation and highly compensated employees may contribute up to 15% of pretax annual compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions. For the Plan year ending December 31, 2009, the catch-up contribution limitation was $5,500.

The Company may, at its discretion, make a matching contribution equal to 25% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide discretionary profit-sharing contributions to those employees who have completed 1,000 hours of service during the Plan year. For the year ended December 31, 2009, the Company made matching contributions in the amount of $412,069.

Participants' Accounts – Each participant's account is credited with the participant's contribution, any employer discretionary contribution, and an allocation of Plan earnings or losses and administrative expenses not paid by the Company. Allocations of Plan earnings are based on participant account balances in Plan investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Forfeitures – Forfeited amounts arising under the Plan are used to reduce future employer contributions to the Plan. Excess forfeitures will be used to offset Plan administration expenses and any remaining forfeitures will be allocated to Participants. In accordance with ERISA, this amount must be held until the participant has incurred a five year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2009, forfeitures of approximately $40,000 was used to reduce employer contributions. At December 31, 2009 and 2008, forfeited nonvested accounts available for future use totaled approximately $34,000 and $40,000, respectively.

Note 1 – Description of Plan (continued)

Vesting – Participants are immediately 100% vested in their voluntary contributions plus actual earnings thereon. Participants are vested in employer matching contributions and actual earnings thereon based upon years of services defined in the Plan, as follows:

Years of Service	Vesting %
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Upon employee death or disability or termination of the Plan, the employer matching contributions become 100% vested.

Participant Loans – A participant may receive a loan based on the loan program set forth in the Plan document. Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000, less the participant's highest outstanding loan amount during the prior twelve months. The loans are secured by the balance in the participant's vested account and bear interest ranging from 4.25% - 9.25% at December 31, 2009 and 5.00% - 9.25% at December 31, 2008. The fixed interest rate is initially set at the prime rate as listed on the last business day of each month in the Wall Street Journal plus 1%. Principal and interest is paid ratably through payroll deductions, on an after-tax basis, and must be repaid within five years.

For participants who have an outstanding loan and miss payments due to leave of absence or military leave of absence, as defined in the Plan, missed payments can be made up by the end of the last day of the quarter following the quarter in which the payments were missed. A loan is considered in default if a payment is not made by the last day of the grace period. Under certain circumstances the loan payment may be re-amortized and the loan maturity date extended.

Payment of Benefits – The Plan provides for the payment of benefits upon a participant's retirement, death, total and permanent disability, and the later of the 10th anniversary of the year the participant began Plan participation, the attainment of age 65 or termination of employment. If a participant terminates employment with the Company, the participant may elect to have the vested portion of his account paid in a lump-sum distribution or transferred to another qualified plan.

Investment Options – Upon enrollment in the Plan, participants direct the investment of their contributions to the investment options available in the Plan. Employer contributions are allocated according to the participant's investment allocations.

Plan Expenses – The Company absorbs the majority of costs related to the Plan, with the exception of certain transaction fees paid by the Plan and participant loan origination fees paid by the borrower. Plan expenses paid by the Plan were $5,000 for the year ended December 31, 2009.

Note 2 – Summary of Accounting Policies

Fair Value Measurements – For assets and liabilities that are required to be carried at fair value in financial statements, fair value is defined by US generally accepted accounting standards as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The standard also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

Three levels of inputs may be used to measure fair value:

Level 1 – quoted prices in active markets for identical assets or liabilities

Level 2 – quoted prices for similar assets and liabilities in active markets or inputs that are observable.

Level 3 – inputs that are unobservable (for example cash flow modeling inputs based on assumptions).

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds and Self-Directed Accounts – These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Participant Loans – Participant loans are valued at cost plus accrued interest, which approximates fair value and are classified within level 3 of the valuation hierarchy.

Payments of Benefits – Benefits are recorded when paid.

Use of Estimates and Assumptions – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes in net assets and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

Subsequent Events – Management has evaluated subsequent events through August 3, 2010 (the date the financial statements were available to issue), in connection with the preparation of these financial statements.

Note 3 – Fair Value of Financial Investments

See "Fair Value Measurements" in Note 2 for discussions of the methodologies and assumptions used to determine the fair value of the Plan's investments.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described in Note 2.

	Fair Value Measurements Using			
	(Level 1)	(Level 2)	(Level 3)	Total Fair Value
December 31, 2009				
Mutual funds	$ 12,853,664 (1)	$ -	$ -	$ 12,853,664
Self-directed accounts	201,446 (1)	-	-	201,446
Participant loans	-	-	385,024 (1)	385,024
	$ 13,055,110	$ -	$ 385,024	$ 13,440,134
December 31, 2008				
Mutual funds	$ 8,723,929 (1)	$ -	$ -	$ 8,723,929
Self-directed accounts	183,710 (1)	-	-	183,710
Participant loans	-	-	288,987 (1)	288,987
	$ 8,907,639	$ -	$ 288,987	$ 9,196,626

(1) Unaudited, see note 4

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2009:

	Beginning Fair Value	Purchases, Issuances, Repayments, Settlements, Net	Ending Fair Value
Participant loans (December 31, 2009)	$ 288,987	$ 96,037	$ 385,024
Participant loans (December 31, 2008)	$ 267,806	$ 21,181	$ 288,987

Note 4 – Investments (Unaudited)

The following information included in the accompanying financial statements and accompanying schedule was obtained from data that has been prepared and certified to as complete and accurate, by Merrill Lynch Trust Company, FSB, as permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2009	2008
Investments, at fair value		
Cash and money market accounts, interest bearing	$ 3,714,627	$ 3,615,760
Mutual funds	12,853,664	8,723,929
Self-directed account	201,446	183,710
Participant loans	385,024	288,987
	$ 17,154,761	$ 12,812,386

	Year Ended December 31, 2009
Investment income:	
Net appreciation in fair value of investments	$ 2,119,155
Interest and dividends	277,385

During the year ended December 31, 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

Mutual funds	$ 2,101,419
Self-directed account	17,736
	$ 2,119,155

Investment balances that represent 5% or more of net assets available for Plan benefits are as follows:

	December 31,			
	2009		2008	
	Shares	Market Value	Shares	Market Value
Merrill Lynch Retirement Reserves	2,821,551	$ 2,821,551	2,991,670	$ 2,991,670
Merrill Lynch Retirement Reserves GM	893,076	893,076	N/A	N/A
Davis NY Venture FD Class A GM	38,019	1,177,826	33,763	797,477
Blackrock S&P 500 Index I	79,890	1,088,895	70,023	770,249

Note 4 – Investments (Unaudited) (continued)

The Plan offers participants the opportunity to invest in the Merrill Lynch Self-Direct Brokerage Account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. Investment options available in the Merrill Lynch Self-Direct Brokerage Account include Merrill Lynch mutual funds, other selected mutual funds, fixed income securities, publicly traded corporate bonds, publicly traded securities, and American Depository Receipts. Each participant who elects such investments will have access to a financial consultant. At December 31, 2009 and 2008, the self-directed account balance was $201,446 and $183,710, respectively.

Note 5 – Employee Contributions and Excess Contributions Payable

Contributions received from participants for 2009 are net of payments of $92,825 made in 2010 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statement of net assets available for benefits as excess contributions payable at December 31, 2009.

Note 6 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust, as designed, is qualified under Section 401 of the Internal Revenue Code and the trust is exempt from federal income tax. The Plan has been amended since receiving the determination letter; however, the Plan Trustee believes that the Plan is currently designed and being operated in compliance with the Plan document and applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7 – Party-in-Interest Transactions

Certain investments in the Plan are managed by the Merrill Lynch Bank & Trust Company, FSB. Merrill Lynch Bank & Trust Company, FSB is the Plan's Trustee and, therefore, these investment transactions qualify as party-in-interest transactions. The supplemental Schedule of Assets (Held at End of Year) identifies these investments as of December 31, 2009.

The Plan's investments include participant loans. These transactions qualify as party-in-interest transactions.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008, to net assets available for benefits in Form 5500:

	December 31,	
	2009	2008
Net assets available for benefits per the financial statements	$ 17,182,219	$ 12,900,323
Add: Excess contributions payable	92,825	-
Total net assets available for benefits per the Form 5500	$ 17,275,044	$ 12,900,323

Note 8 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2009, to changes in net assets available for benefits in Form 5500:

Net increase in net assets available per the financial statements	$	4,281,896
Add: Excess contribution payable, December 31, 2009		92,825
Net increase in net assets available per the Form 5500	$	4,374,721

Note 9 – Plan Termination

The Company anticipates the Plan will continue without interruption but reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts and net assets of the Plan shall be distributed to the participants and beneficiaries of the Plan.

Note 10 – Risks and Uncertainties

The Plan provides for various investment options in investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Supplemental Information

DENTAL CARE ALLIANCE 401(K) PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009
Employer Identification Number: 82-0580763 Plan Number: 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	(e) Current Value
		Money Market Funds:	
*	Merrill Lynch Trust Company, FSB	Merrill Lynch Retirement Reserves	$ 2,821,551
*	Merrill Lynch Trust Company, FSB	Merrill Lynch Retirement Services GM	893,076
			3,714,627
		Pooled/Mutual Funds:	
	Merrill Lynch Trust Company, FSB	AIM MID CAP Core Equity Fund A	833
	Merrill Lynch Trust Company, FSB	Allncbrnstn Global Tech FD A	25,888
	Merrill Lynch Trust Company, FSB	American AMCap Fund CL R3	808,487
	Merrill Lynch Trust Company, FSB	American AMCAP Fund CL R3 CM	815,317
	Merrill Lynch Trust Company, FSB	American Century Divers BD FD	192,963
	Merrill Lynch Trust Company, FSB	American Century Divers BD GM	540,145
	Merrill Lynch Trust Company, FSB	Blackrock Basic Value A	80,856
	Merrill Lynch Trust Company, FSB	Blackrock Global Alloc A	475,862
	Merrill Lynch Trust Company, FSB	Blackrock Global Alloc A GM	503,119
	Merrill Lynch Trust Company, FSB	Blackrock IntlGov A GM	758,898
	Merrill Lynch Trust Company, FSB	Blackrock LG Cap Core A	372,629
	Merrill Lynch Trust Company, FSB	Blackrock S&P 500 Index I	1,088,895
	Merrill Lynch Trust Company, FSB	Davis NY Venture FD CL A GM	1,177,826
	Merrill Lynch Trust Company, FSB	Davis Series Financial FD CL A	34,179
	Merrill Lynch Trust Company, FSB	Davis NY Venture FD	506,396
	Merrill Lynch Trust Company, FSB	Evergreen Intl Equity FD CL A	231,386
	Merrill Lynch Trust Company, FSB	Evergreen Intl Equity FD CL A GM	446,859
	Merrill Lynch Trust Company, FSB	Evergreen Special Val CL A	209,470
	Merrill Lynch Trust Company, FSB	Federated MD CP Grwth Str FD A	110,031
	Merrill Lynch Trust Company, FSB	Goldman Sachs Govt Inc FD A	507,941
	Merrill Lynch Trust Company, FSB	IVY Asset Strategy FD CL Y	259,961
	Merrill Lynch Trust Company, FSB	Lazard Emerging Markets Open	220,485
	Merrill Lynch Trust Company, FSB	Mainstay High Yld Corp BD FD	113,867
	Merrill Lynch Trust Company, FSB	MFS International Value FD A	419
	Merrill Lynch Trust Company, FSB	MFS Utilities Fund CL A	143,635
	Merrill Lynch Trust Company, FSB	PIMCO Total Return Fund CL A	547,063
	Merrill Lynch Trust Company, FSB	PIMCO Tot Ret FD CL A GM	676,870
	Merrill Lynch Trust Company, FSB	Pioneer MID CAP Value CL A GM	540,229
	Merrill Lynch Trust Company, FSB	Pioneer MID CAP Value FD CL A	123,465
	Merrill Lynch Trust Company, FSB	Pioneer Oak Ridge CP GRW A GM	365,587
	Merrill Lynch Trust Company, FSB	Pioneer Oak Ridge SM Cap GRW A	493,845
	Merrill Lynch Trust Company, FSB	Putnam Health Sciences TRST A	11,315
	Merrill Lynch Trust Company, FSB	Templeton Growth FD A	248,135
	Merrill Lynch Trust Company, FSB	Van Kapen Real Estate Secs FD	135,983
	Merrill Lynch Trust Company, FSB	Vaughan Nelson Small Cap Val A	84,543
*	Merrill Lynch Trust Company, FSB	Self-directed account	201,446
	Merrill Lynch Trust Company, FSB	Pending Settlement Fund	282
			13,055,110
		Participant Loans:	
	Participant loans	Participant loans (interest rates ranging from 4.25% to 9.25%, maturing no later than 5 years)	385,024
			$ 17,154,761

* Represents a fund managed by a party-in-interest

**Column (d) cost information is not presented as these assets are self-directed

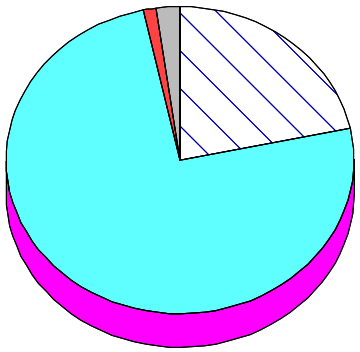
STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

DENTAL CARE ALLIANCE, LLC 401K

CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 21.65% MONEY MARKET
- 74.93% MUTUAL FUNDS
- 1.17% OTHER ASSETS
- 2.24% LOANS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
MONEY MARKET					
RETIREMENT RESERVES MONEY FUND	2,821,550.6200	1.000	2,821,550.62	2,821,550.62	16.45%
RETIREMENT GM RESERVE MONEY FD	893,076.0636	1.000	893,076.07	893,076.06	5.21%
TOTAL MONEY MARKET			3,714,626.69	3,714,626.68	21.65%
MUTUAL FUNDS					
LAZARD EMERGING MARKETS OPEN	12,061.5284	18.280	193,152.77	220,484.74	1.29%
BLACKROCK LG CAP CORE A	37,830.3246	9.850	452,011.34	372,628.70	2.17%
EVERGREEN SPECIAL VAL CL A	11,774.5824	17.790	269,099.60	209,469.82	1.22%
AMERICAN AMCAP FUND CL R3	49,328.0782	16.390	909,772.36	808,487.20	4.71%
AMERICAN AMCAP FUND CL R3 GM	49,744.7607	16.390	852,961.38	815,316.63	4.75%
IVY ASSET STRATEGY FD CL Y	11,646.9797	22.320	225,126.94	259,960.59	1.52%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

DENTAL CARE ALLIANCE, LLC 401K

CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN CENTURY DIVERS BD FD	18,273.0141	10.560	191,098.58	192,963.03	1.12%
AMERICAN CENTURY DIVERS BD GM	51,150.0675	10.560	530,916.02	540,144.71	3.15%
PIONEER OAK RIDGE SM CAP GRW A	21,968.1754	22.480	497,201.97	493,844.58	2.88%
PIONEER OAK RDGESM CP GRW A GM	16,262.7685	22.480	359,562.79	365,587.04	2.13%
DAVIS SERIES FINANCIAL FD CL A	1,188.4149	28.760	37,000.53	34,178.81	0.20%
VAN KAMPEN REAL ESTATE SECS FD	9,596.5237	14.170	181,935.86	135,982.74	0.79%
BLACKROCK BASIC VALUE A	3,512.4453	23.020	101,549.88	80,856.49	0.47%
BLACKROCK GLOBAL ALLOC A	26,599.3363	17.890	449,649.12	475,862.13	2.77%
BLACKROCK GLOBAL ALLOC A GM	28,122.9275	17.890	482,071.45	503,119.17	2.93%
FEDERATED MD CP GRWTH STR FD A	3,732.3860	29.480	113,720.21	110,030.74	0.64%
MFS INTERNATIONAL VALUE FD A	18.3852	22.790	400.87	419.00	0.00%
BLACKROCK INT GOV A GM	72,552.3831	10.460	761,767.78	758,897.93	4.42%
VAUGHAN NELSON SMALL CAP VAL A	3,789.4681	22.310	68,268.06	84,543.03	0.49%
PIMCO TOTAL RETURN FUND CL A	50,653.9790	10.800	534,078.34	547,062.97	3.19%
PIMCO TOT RET FD CL A GM	62,673.1326	10.800	656,814.66	676,869.83	3.95%
BLACKROCK S&P500 INDEX I	79,889.5607	13.630	1,108,339.45	1,088,894.71	6.35%
GOLDMAN SACHS GOVT INC FD A	33,705.4516	15.070	507,941.16	507,941.16	2.96%
EVERGREEN INTL EQUITY FD CL A	33,729.7061	6.860	298,016.69	231,385.78	1.35%
EVERGREEN INTL EQUITY FD A GM	65,139.7690	6.860	524,881.95	446,858.82	2.60%
MAINSTAY HIGH YLD CORP BD FD	20,153.5211	5.650	116,287.40	113,867.39	0.66%
ALLNCBRNSTN GLOBAL THEMATIC A	396.9330	65.220	23,101.47	25,887.97	0.15%

Balances include the effect of pending trades



STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

DENTAL CARE ALLIANCE, LLC 401K

CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
TEMPLETON GROWTH FD A	14,761.1677	16.810	301,884.41	248,135.23	1.45%
AIM MID CAP CORE EQUITY FUND A	39.7730	20.950	764.88	833.24	0.00%
OPPENHEIMER US GOVT FD - GM	0.0036	9.030	0.03	0.03	0.00%
PIONEER MID CAP VALUE FD CL A	6,847.7591	18.030	144,349.13	123,465.10	0.72%
PIONEER MID CAP VAL CL A GM	29,962.7736	18.030	592,370.39	540,228.81	3.15%
MFS UTILITIES FUND CL A	9,614.1050	14.940	132,723.36	143,634.73	0.84%
MFS BOND FD GM	0.0032	12.730	0.04	0.04	0.00%
DAVIS NY VENTURE FD CL A	16,345.9079	30.980	496,204.59	506,396.23	2.95%
DAVIS NY VENTURE FD CL A GM	38,018.9789	30.980	1,150,289.53	1,177,827.97	6.87%
PUTNAM HEALTH SCIENCES TRST A	241.9855	46.760	9,455.26	11,315.24	0.07%
TOTAL MUTUAL FUNDS			13,274,770.25	12,853,382.33	74.93%
OTHER ASSETS					
SELF-DIRECT ACCT	177,765.3200	1.000	177,765.32	177,765.32	1.04%
SELF-DIRECT ACCT	23,680.4900	1.000	23,680.49	23,680.49	0.14%
TOTAL OTHER ASSETS			201,445.81	201,445.81	1.17%
LOANS					
LOAN FUND	385,023.6400	1.000	385,023.64	385,023.64	2.24%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	150.0000	1.000	150.00	150.00	0.00%
INVESTMENT TOTAL			17,576,016.39	17,154,628.46	100.00%
UNINVESTED CASH			0.00	0.00	0.00%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

DENTAL CARE ALLIANCE, LLC 401K

CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ACCRUED INCOME			131.66	131.66	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			17,576,148.05	17,154,760.12	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades

