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| 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

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| Part II | Basic Plan Information —enter all requested information | | |
| 1a Name of plan <u>WASHINGTON DENTAL SERVICE SAVINGS PLAN</u> | 1b Three-digit plan number (PN) ▶ | <u>002</u> | |
| 1c Effective date of plan <u>10/01/1981</u> | | | |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>WASHINGTON DENTAL SERVICE</u> <u>9706 4TH AVENUE NE</u> <u>SEATTLE, WA 98115</u> | 2b Employer Identification Number (EIN) <u>91-0621480</u> | 2c Sponsor's telephone number <u>206-528-2347</u> | |
| <u>9706 4TH AVENUE NE</u> <u>SEATTLE, WA 98115</u> | | 2d Business code (see instructions) <u>524140</u> | |

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. | 07/29/2011 | TRACY WARNER |
| | 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 |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

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| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WASHINGTON DENTAL SERVICE 9706 4TH AVENUE NE SEATTLE, WA 98115 | 3b Administrator's EIN 91-0621480 3c Administrator's telephone number 206-528-2347 |
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|---|-----------------------------------|
| 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 | 406 |
| 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 | 314 |
| b Retired or separated participants receiving benefits..... | 6b | 1 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 88 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 403 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 2 |
| f Total. Add lines 6d and 6e | 6f | 405 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 384 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 16 |
| 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:
 2F 2G 2J 2K 2T 3D

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

| | |
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| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
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| 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 |
| | | 2010 |
| | | This Form is Open to Public Inspection. |

| | |
|--|---|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | |
| A Name of plan WASHINGTON DENTAL SERVICE SAVINGS PLAN | B Three-digit plan number (PN) ► 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON DENTAL SERVICE | |
| D Employer Identification Number (EIN) 91-0621480 | |

| | |
|---------------|--|
| 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 FID.INV.INST.OPS.CO. 04-2647786 |
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|---|
| (b) Enter name and EIN or address of person who provided you disclosure 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)

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? |
|-------------------------------|--|---|---|---|--|---|
| 64 37 65 60 | RECORDKEEPER | 5456 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| 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. |
|---|--|
| DOMINI SOCIAL EQ INV - BNY MELLON A 04-2526037 | 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. |
|---|--|
| VICTORY DIVERS STK A - CITI FUND SE 31-1249295 | 0.35% |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| | | |

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 2010 This Form is Open to Public Inspection |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> | | |
| A Name of plan <u>WASHINGTON DENTAL SERVICE SAVINGS PLAN</u> | B Three-digit plan number (PN) ► | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>WASHINGTON DENTAL SERVICE</u> | D Employer Identification Number (EIN) <u>91-0621480</u> | |

| Part I | Asset and Liability Statement | | (a) Beginning of Year | (b) End of Year |
|---|--|-----------------|-----------------------|-----------------|
| 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 | Total noninterest-bearing cash | 1a | | |
| b | Receivables (less allowance for doubtful accounts): | | | |
| | (1) Employer contributions | 1b(1) | 35195 | 33562 |
| | (2) Participant contributions | 1b(2) | | |
| | (3) Other..... | 1b(3) | | |
| c | General investments: | | | |
| | (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2317854 | 1920608 |
| | (2) U.S. Government securities..... | 1c(2) | | |
| | (3) Corporate debt instruments (other than employer securities): | | | |
| | (A) Preferred | 1c(3)(A) | | |
| | (B) All other..... | 1c(3)(B) | | |
| | (4) Corporate stocks (other than employer securities): | | | |
| | (A) Preferred | 1c(4)(A) | | |
| | (B) Common | 1c(4)(B) | | |
| | (5) Partnership/joint venture interests | 1c(5) | | |
| | (6) Real estate (other than employer real property) | 1c(6) | | |
| | (7) Loans (other than to participants) | 1c(7) | | |
| | (8) Participant loans | 1c(8) | 379910 | 499083 |
| | (9) Value of interest in common/collective trusts..... | 1c(9) | | |
| | (10) Value of interest in pooled separate accounts..... | 1c(10) | | |
| | (11) Value of interest in master trust investment accounts | 1c(11) | | |
| | (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| | (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 17474249 | 20633378 |
| | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| | (15) Other | 1c(15) | | |

1d Employer-related investments:

| | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 20207208 | 23086631 |

Liabilities

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

Net Assets

| | | | |
|---|-----------|----------|----------|
| l Net assets (subtract line 1k from line 1f) | 1l | 20207208 | 23086631 |
|---|-----------|----------|----------|

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) | 1237613 | |
| (B) Participants | 2a(1)(B) | 1527743 | |
| (C) Others (including rollovers) | 2a(1)(C) | 46570 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2811926 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 426 | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 28903 | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 29329 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 336549 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 336549 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | 2176891 |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 5354695 |

Expenses

| | | | |
|--|--------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2469765 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2469765 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| 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) | 5507 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 5507 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 2475272 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2879423 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG

(2) EIN: 13-5565207

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 |
|--|-----|----|---------|
| 4a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)..... | | X | |
| 4b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | | X | |
| 4c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| 4d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | | X | |
| 4e Was this plan covered by a fidelity bond?..... | X | | 2000000 |
| 4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 4g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| 4h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| 4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | X | | |
| 4j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... | | X | |
| 4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... | | X | |
| 4l Has the plan failed to provide any benefit when due under the plan? | | X | |
| 4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | X | |
| 4n 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. | | X | |

- 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) |
|--------------|-------------|
| | |
| | |
| | |
| | |

| | | | | | |
|---|--|---|--|---|-----|
| <div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> | |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | | | | | |
| A Name of plan WASHINGTON DENTAL SERVICE SAVINGS PLAN | | | | B Three-digit plan number (PN) ► | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON DENTAL SERVICE | | | | D Employer Identification Number (EIN) 91-0621480 | |
| 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): 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. | | | | | |
| Schedule R (Form 5500) 2010 v.092308.1 | | | | | |

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): _____

- 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): _____



WASHINGTON DENTAL SERVICE SAVINGS PLAN

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

WASHINGTON DENTAL SERVICE SAVINGS PLAN

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KPMG LLP
Suite 900
801 Second Avenue
Seattle, WA 98104

Independent Auditors' Report

The Administrator
Washington Dental Service:

We were engaged to audit the accompanying statements of net assets available for benefits of Washington Dental Service Savings Plan (the Plan) as of December 31, 2010 and 2009, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended and the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such 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 certifications from the trustee as of and for the years ended December 31, 2010 and 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 supplemental 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.

KPMG LLP

Seattle, Washington
June 28, 2011

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

| | <u>2010</u> | <u>2009</u> |
|---|-----------------------------|--------------------------|
| Assets: | | |
| Participant directed investments – at fair value: | | |
| Registered investment company funds | \$ 22,553,986 | 19,792,103 |
| Notes receivable from participants | 499,083 | 379,910 |
| Contribution receivable from company | <u>33,562</u> | <u>35,195</u> |
| Net assets available for benefits | <u><u>\$ 23,086,631</u></u> | <u><u>20,207,208</u></u> |

See accompanying notes to financial statements.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010 and 2009

| | <u>2010</u> | <u>2009</u> |
|--|----------------------|-------------------|
| Contributions: | | |
| Employer | \$ 1,237,613 | 1,215,927 |
| Employee | 1,527,743 | 1,530,302 |
| Rollover | 46,570 | 1,057,071 |
| Total contributions | <u>2,811,926</u> | <u>3,803,300</u> |
| Investment income: | | |
| Interest and dividend income | 337,104 | 292,811 |
| Net appreciation in fair value of investments | <u>2,176,892</u> | <u>3,113,473</u> |
| Total investment income | <u>2,513,996</u> | <u>3,406,284</u> |
| Interest on notes receivable from participants | <u>28,773</u> | <u>25,888</u> |
| Retirement and termination benefits | 2,469,765 | 1,248,107 |
| Administrative expenses | <u>5,507</u> | <u>3,711</u> |
| Total deductions | <u>2,475,272</u> | <u>1,251,818</u> |
| Net additions | 2,879,423 | 5,983,654 |
| Net assets available for benefits: | | |
| Beginning of year | <u>20,207,208</u> | <u>14,223,554</u> |
| End of year | <u>\$ 23,086,631</u> | <u>20,207,208</u> |

See accompanying notes to financial statements.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following description of the Washington Dental Service Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan established by Washington Dental Service (the Company) under the provisions of Section 401(a) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

Employees who have completed three months of service, as defined by the Plan provisions, are eligible to participate in the Plan.

(c) Plan Administration

The Plan is administrated by the Company. Fidelity Management Trust Company (Fidelity) serves as the Trustee.

(d) Plan Contributions

The Plan allows participants to make pretax salary deferral contributions to the Plan of 1% to 60% of eligible compensation, subject to statutory limitations. The Plan also provides for acceptance of rollover contributions from other qualified plans.

Nonbargaining unit participants who, on January 1, 2006, were at least 50 years old and had at least 10 years of service receive an employer match of \$1.50 for every \$1.00 of employee deferral up to 8% of the participants' pay.

The employer match for all other participants is applied on employee deferrals up to 8% of a participant's pay on a \$1.00 to \$1.00 basis.

(e) Vesting

Participant contributions are fully vested immediately. Company matching contributions vest immediately in the event of death, total and permanent disability, or retirement at the normal retirement age of 65. Otherwise, company matching contributions shall vest in graduated intervals as follows:

| | <u>Vested percentage</u> |
|-------------------|------------------------------|
| Years of service: | |
| 1 | 25% |
| 2 | 50 |
| 3 or more | 100 |

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(f) Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participants' contributions, the related company contribution and the participants' share of the Plan's income/(loss). Participants' accounts are valued on a daily basis based on quoted market prices.

(g) Forfeitures

Upon termination of a participant, the unvested portion of the Company's matching contribution is forfeited and retained by the Plan to be used to reduce future employer contributions.

During 2010 and 2009, forfeitures totaling approximately \$26,000 and \$41,000, respectively, were used to reduce employer contributions. As of December 31, 2010 and 2009, unallocated forfeitures totaled approximately \$24 and \$24, respectively.

(h) Benefit Payments

On termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive a lump sum distribution equal to the value of the participant's vested interest in his or her account. For termination of service with vested benefits of \$1,000 or less, a participant automatically receives the value of his or her vested interest as a lump sum distribution.

(i) Plan Administrative Fees

Loan fees are paid by participants. All other administrative fees are paid by the Company.

(j) Hardship Withdrawals

Under certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single sum, the employee contribution portion of their account balance. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, the payment to prevent eviction or foreclosure from the participant's principal residence, to make payments for burial or funeral expenses for a deceased parent, spouse, child or dependent or to pay expenses for the repair or damage to the participant's home that would qualify for the casualty deduction under Section 165 of Internal Revenue Code or any other immediate and heavy financial need as determined based on the IRS regulations. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

(k) Notes Receivable from Participants

Participants may borrow the lesser of 50% of their vested account balance or \$50,000 from the Plan under certain circumstances. The minimum amount that an employee may borrow is \$1,000. Loan repayments (plus interest) are automatically deducted from the employee's pay through after-tax payroll deductions. All loan disbursements are automated and preapproved. The loan must be repaid over a period not to exceed five years, unless the loan is for a home purchase, which must be paid over a period not to exceed 10 years. The interest rate is determined by the plan administrator based on prevailing interest rates at the time of the loan. As of December 31, 2010, the interest rates on loans ranged from 5.25% to 10.25%, and the loans mature through November 2016.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(1) *Investment Options*

Participants may direct their account balance into the investment options available under the Plan. Participants may change their investment elections and make transfers between investment options daily.

The Plan provides for various investment fund options, which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. 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. Such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions may be temporarily held as cash balances prior to the execution of the investment according to the participant's direction.

(2) *Summary of Significant Accounting Policies*

(a) *Basis of Reporting*

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

The preparation of the financial statements in conformity with general accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

(b) *Investment Valuation and Income Recognition*

Investments in shares of registered investment company funds are valued at fair value based on quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned.

Net appreciation in fair value of investments represents the change in unrealized appreciation from one period to the next, plus realized gains and losses.

(c) *Payment of Benefits*

Benefits are recorded when paid.

(d) *Notes Receivable from Participants*

In September 2010, the FASB issued Accounting Standards Update (ASU) No. 2010 - 25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962), Reporting Loans to Participants by Defined Contribution Pension Plans, a consensus of the FASB Emerging Issues Task Force (Update)*. This Update requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(3) Information Certified by the Trustee

The plan administrator has obtained certification from Fidelity, the trustee of the Plan, that the following information included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Investments at fair value
- Notes receivable from participants
- Interest and dividend income
- Net appreciation in fair value of investments
- Investment information included in notes 4 and 5
- Schedule of assets held at end of year

(4) Investments

Investments at December 31, 2010 and 2009, consist of shares in registered investment company funds with Fidelity. Investments that represent more than 5% of the net assets available for benefits are as follows:

| | <u>2010</u> | <u>2009</u> |
|---|--------------|-------------|
| Investments held by Fidelity Investments: | | |
| Contrafund | \$ 4,641,906 | 4,604,328 |
| Growth and Income Fund | 1,099,769 | 1,056,507 |
| Balanced Fund | 2,892,769 | 2,798,057 |
| Retirement Money Market Portfolio | 1,920,608 | 2,317,854 |
| U.S. Bond Index Fund | 1,119,221 | 1,024,747 |
| Diversified International Fund | 1,430,862 | 1,342,494 |
| Low-Priced Stock Fund | 1,360,496 | 1,065,083 |

(5) Fair Value Measurements

FASB ASC Topic 820 establishes a framework for measuring fair value which 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

- 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.

The asset's 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 used need to maximize the use of 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, 2010 and 2009.

Registered investment company funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

| Investments at estimated fair value | | | | |
|---|--|--|---|------------|
| | Investments at fair value determined by quoted prices in active markets (Level I) | Valuation techniques based on observable market data (Level II) | Valuation techniques incorporating information other than observable market data (Level III) | Total |
| Registered investment company funds: | | | | |
| Equity funds | \$ 11,257,715 | — | — | 11,257,715 |
| Fixed income funds | 3,843,022 | — | — | 3,843,022 |
| Balanced funds | 3,402,770 | — | — | 3,402,770 |
| Lifecycle funds | 4,050,479 | — | — | 4,050,479 |
| Total | \$ 22,553,986 | — | — | 22,553,986 |

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

| Investments at estimated fair value | | | | |
|---|--|--|---|-------------------|
| | Investments at fair value determined by quoted prices in active markets (Level I) | Valuation techniques based on observable market data (Level II) | Valuation techniques incorporating information other than observable market data (Level III) | Total |
| Registered investment company funds: | | | | |
| Equity funds | \$ 9,891,819 | — | — | 9,891,819 |
| Fixed income funds | 4,065,193 | — | — | 4,065,193 |
| Balanced funds | 3,259,500 | — | — | 3,259,500 |
| Lifecycle funds | 2,575,591 | — | — | 2,575,591 |
| Total | <u>\$ 19,792,103</u> | <u>—</u> | <u>—</u> | <u>19,792,103</u> |

(6) Tax Status

The Plan obtained a determination letter dated January 4, 2011, from the Internal Revenue Service that stated that the Plan was in compliance with the applicable requirements of the IRC. The plan administrator believes the Plan is currently designed, and is being operated in compliance with applicable requirements of the IRC. Accordingly, no provision for income taxes is included in these financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(7) Plan Termination

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

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(8) Party-in-Interest and Related Party Transactions

Plan investments are invested through Fidelity, which is the trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

(9) Subsequent Events

Subsequent events have been evaluated through June 28, 2011, the date of the financial statements were available to be issued.

On March 18, 2011, the investment committee approved replacing the Fidelity Large Cap Value Fund with the Robeco Large Cap Value Fund.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2010

| Identity of issuer, borrower, lessor, or similar party | Description of investments | Current value |
|--|--|----------------------|
| * Fidelity investments | Registered investment company funds: | |
| | Contrafund | \$ 4,641,906 |
| | Growth and Income Fund | 1,099,769 |
| | Intermediate Bond Fund | 803,193 |
| | Balanced Fund | 2,892,770 |
| | Retirement Money Market Portfolio | 1,920,608 |
| | Puritan Fund | 510,000 |
| | Diversified International Fund | 1,430,862 |
| | Low-Priced Stock Fund | 1,360,496 |
| | Freedom Income Fund | 115,507 |
| | Freedom 2000 Fund | 292,533 |
| | Freedom 2005 Fund | 36,385 |
| | Freedom 2010 Fund | 137,125 |
| | Freedom 2015 Fund | 712,877 |
| | Freedom 2020 Fund | 609,300 |
| | Freedom 2025 Fund | 414,627 |
| | Freedom 2030 Fund | 605,110 |
| | Freedom 2035 Fund | 404,237 |
| | Freedom 2040 Fund | 327,326 |
| | Freedom 2045 Fund | 164,457 |
| | Freedom 2050 Fund | 230,994 |
| | Spartan Total Market Index Fund | 595,378 |
| | Spartan U.S. Equity Index Fund | 787,790 |
| | U.S. Bond Index Fund | 1,119,221 |
| | Large Cap Value Fund | 267,787 |
| | Small Cap Value Fund | 434,361 |
| Domini social investments | Domini Social Equity Fund | 82,369 |
| Victory capital advisors | Victory Diversified Stock Fund | 556,998 |
| * Participants' loans | Interest rates ranging from 5.25% to 10.25%, maturing through November 2016 | 499,083 |
| | | <u>\$ 23,053,069</u> |

* Represents a party-in-interest as defined by section 3(14) of ERISA.

See accompanying independent auditors' report.



WASHINGTON DENTAL SERVICE SAVINGS PLAN

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

WASHINGTON DENTAL SERVICE SAVINGS PLAN

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KPMG LLP
Suite 900
801 Second Avenue
Seattle, WA 98104

Independent Auditors' Report

The Administrator
Washington Dental Service:

We were engaged to audit the accompanying statements of net assets available for benefits of Washington Dental Service Savings Plan (the Plan) as of December 31, 2010 and 2009, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended and the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such 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 certifications from the trustee as of and for the years ended December 31, 2010 and 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 supplemental 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.

KPMG LLP

Seattle, Washington
June 28, 2011

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

| | <u>2010</u> | <u>2009</u> |
|---|-----------------------------|--------------------------|
| Assets: | | |
| Participant directed investments – at fair value: | | |
| Registered investment company funds | \$ 22,553,986 | 19,792,103 |
| Notes receivable from participants | 499,083 | 379,910 |
| Contribution receivable from company | <u>33,562</u> | <u>35,195</u> |
| Net assets available for benefits | <u><u>\$ 23,086,631</u></u> | <u><u>20,207,208</u></u> |

See accompanying notes to financial statements.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010 and 2009

| | <u>2010</u> | <u>2009</u> |
|--|----------------------|-------------------|
| Contributions: | | |
| Employer | \$ 1,237,613 | 1,215,927 |
| Employee | 1,527,743 | 1,530,302 |
| Rollover | 46,570 | 1,057,071 |
| Total contributions | <u>2,811,926</u> | <u>3,803,300</u> |
| Investment income: | | |
| Interest and dividend income | 337,104 | 292,811 |
| Net appreciation in fair value of investments | <u>2,176,892</u> | <u>3,113,473</u> |
| Total investment income | <u>2,513,996</u> | <u>3,406,284</u> |
| Interest on notes receivable from participants | <u>28,773</u> | <u>25,888</u> |
| Retirement and termination benefits | 2,469,765 | 1,248,107 |
| Administrative expenses | <u>5,507</u> | <u>3,711</u> |
| Total deductions | <u>2,475,272</u> | <u>1,251,818</u> |
| Net additions | 2,879,423 | 5,983,654 |
| Net assets available for benefits: | | |
| Beginning of year | <u>20,207,208</u> | <u>14,223,554</u> |
| End of year | <u>\$ 23,086,631</u> | <u>20,207,208</u> |

See accompanying notes to financial statements.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following description of the Washington Dental Service Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan established by Washington Dental Service (the Company) under the provisions of Section 401(a) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

Employees who have completed three months of service, as defined by the Plan provisions, are eligible to participate in the Plan.

(c) Plan Administration

The Plan is administrated by the Company. Fidelity Management Trust Company (Fidelity) serves as the Trustee.

(d) Plan Contributions

The Plan allows participants to make pretax salary deferral contributions to the Plan of 1% to 60% of eligible compensation, subject to statutory limitations. The Plan also provides for acceptance of rollover contributions from other qualified plans.

Nonbargaining unit participants who, on January 1, 2006, were at least 50 years old and had at least 10 years of service receive an employer match of \$1.50 for every \$1.00 of employee deferral up to 8% of the participants' pay.

The employer match for all other participants is applied on employee deferrals up to 8% of a participant's pay on a \$1.00 to \$1.00 basis.

(e) Vesting

Participant contributions are fully vested immediately. Company matching contributions vest immediately in the event of death, total and permanent disability, or retirement at the normal retirement age of 65. Otherwise, company matching contributions shall vest in graduated intervals as follows:

| | <u>Vested percentage</u> |
|-------------------|------------------------------|
| Years of service: | |
| 1 | 25% |
| 2 | 50 |
| 3 or more | 100 |

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(f) Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participants' contributions, the related company contribution and the participants' share of the Plan's income/(loss). Participants' accounts are valued on a daily basis based on quoted market prices.

(g) Forfeitures

Upon termination of a participant, the unvested portion of the Company's matching contribution is forfeited and retained by the Plan to be used to reduce future employer contributions.

During 2010 and 2009, forfeitures totaling approximately \$26,000 and \$41,000, respectively, were used to reduce employer contributions. As of December 31, 2010 and 2009, unallocated forfeitures totaled approximately \$24 and \$24, respectively.

(h) Benefit Payments

On termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive a lump sum distribution equal to the value of the participant's vested interest in his or her account. For termination of service with vested benefits of \$1,000 or less, a participant automatically receives the value of his or her vested interest as a lump sum distribution.

(i) Plan Administrative Fees

Loan fees are paid by participants. All other administrative fees are paid by the Company.

(j) Hardship Withdrawals

Under certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single sum, the employee contribution portion of their account balance. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, the payment to prevent eviction or foreclosure from the participant's principal residence, to make payments for burial or funeral expenses for a deceased parent, spouse, child or dependent or to pay expenses for the repair or damage to the participant's home that would qualify for the casualty deduction under Section 165 of Internal Revenue Code or any other immediate and heavy financial need as determined based on the IRS regulations. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

(k) Notes Receivable from Participants

Participants may borrow the lesser of 50% of their vested account balance or \$50,000 from the Plan under certain circumstances. The minimum amount that an employee may borrow is \$1,000. Loan repayments (plus interest) are automatically deducted from the employee's pay through after-tax payroll deductions. All loan disbursements are automated and preapproved. The loan must be repaid over a period not to exceed five years, unless the loan is for a home purchase, which must be paid over a period not to exceed 10 years. The interest rate is determined by the plan administrator based on prevailing interest rates at the time of the loan. As of December 31, 2010, the interest rates on loans ranged from 5.25% to 10.25%, and the loans mature through November 2016.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(1) *Investment Options*

Participants may direct their account balance into the investment options available under the Plan. Participants may change their investment elections and make transfers between investment options daily.

The Plan provides for various investment fund options, which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. 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. Such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions may be temporarily held as cash balances prior to the execution of the investment according to the participant's direction.

(2) *Summary of Significant Accounting Policies*

(a) *Basis of Reporting*

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

The preparation of the financial statements in conformity with general accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

(b) *Investment Valuation and Income Recognition*

Investments in shares of registered investment company funds are valued at fair value based on quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned.

Net appreciation in fair value of investments represents the change in unrealized appreciation from one period to the next, plus realized gains and losses.

(c) *Payment of Benefits*

Benefits are recorded when paid.

(d) *Notes Receivable from Participants*

In September 2010, the FASB issued Accounting Standards Update (ASU) No. 2010 - 25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962), Reporting Loans to Participants by Defined Contribution Pension Plans, a consensus of the FASB Emerging Issues Task Force (Update)*. This Update requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(3) Information Certified by the Trustee

The plan administrator has obtained certification from Fidelity, the trustee of the Plan, that the following information included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Investments at fair value
- Notes receivable from participants
- Interest and dividend income
- Net appreciation in fair value of investments
- Investment information included in notes 4 and 5
- Schedule of assets held at end of year

(4) Investments

Investments at December 31, 2010 and 2009, consist of shares in registered investment company funds with Fidelity. Investments that represent more than 5% of the net assets available for benefits are as follows:

| | <u>2010</u> | <u>2009</u> |
|---|--------------|-------------|
| Investments held by Fidelity Investments: | | |
| Contrafund | \$ 4,641,906 | 4,604,328 |
| Growth and Income Fund | 1,099,769 | 1,056,507 |
| Balanced Fund | 2,892,769 | 2,798,057 |
| Retirement Money Market Portfolio | 1,920,608 | 2,317,854 |
| U.S. Bond Index Fund | 1,119,221 | 1,024,747 |
| Diversified International Fund | 1,430,862 | 1,342,494 |
| Low-Priced Stock Fund | 1,360,496 | 1,065,083 |

(5) Fair Value Measurements

FASB ASC Topic 820 establishes a framework for measuring fair value which 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

- 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.

The asset's 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 used need to maximize the use of 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, 2010 and 2009.

Registered investment company funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

| Investments at estimated fair value | | | | |
|---|--|--|---|------------|
| | Investments at fair value determined by quoted prices in active markets (Level I) | Valuation techniques based on observable market data (Level II) | Valuation techniques incorporating information other than observable market data (Level III) | Total |
| Registered investment company funds: | | | | |
| Equity funds | \$ 11,257,715 | — | — | 11,257,715 |
| Fixed income funds | 3,843,022 | — | — | 3,843,022 |
| Balanced funds | 3,402,770 | — | — | 3,402,770 |
| Lifecycle funds | 4,050,479 | — | — | 4,050,479 |
| Total | \$ 22,553,986 | — | — | 22,553,986 |

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

| Investments at estimated fair value | | | | |
|---|--|--|---|-------------------|
| | Investments at fair value determined by quoted prices in active markets (Level I) | Valuation techniques based on observable market data (Level II) | Valuation techniques incorporating information other than observable market data (Level III) | Total |
| Registered investment company funds: | | | | |
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| Fixed income funds | 4,065,193 | — | — | 4,065,193 |
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| Lifecycle funds | 2,575,591 | — | — | 2,575,591 |
| Total | <u>\$ 19,792,103</u> | <u>—</u> | <u>—</u> | <u>19,792,103</u> |

(6) Tax Status

The Plan obtained a determination letter dated January 4, 2011, from the Internal Revenue Service that stated that the Plan was in compliance with the applicable requirements of the IRC. The plan administrator believes the Plan is currently designed, and is being operated in compliance with applicable requirements of the IRC. Accordingly, no provision for income taxes is included in these financial statements.

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WASHINGTON DENTAL SERVICE SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

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Plan investments are invested through Fidelity, which is the trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

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Subsequent events have been evaluated through June 28, 2011, the date of the financial statements were available to be issued.

On March 18, 2011, the investment committee approved replacing the Fidelity Large Cap Value Fund with the Robeco Large Cap Value Fund.

WASHINGTON DENTAL SERVICE SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2010

| Identity of issuer, borrower, lessor, or similar party | Description of investments | Current value |
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| * Fidelity investments | Registered investment company funds: | |
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| | Freedom 2050 Fund | 230,994 |
| | Spartan Total Market Index Fund | 595,378 |
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| * Participants' loans | Interest rates ranging from 5.25% to 10.25%, maturing through November 2016 | 499,083 |
| | | <u>\$ 23,053,069</u> |

* Represents a party-in-interest as defined by section 3(14) of ERISA.

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