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

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>DENTAL ONE, INC. 401(K) PLAN</u>                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2000</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/2000</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                             | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2000</u>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>DENTAL ONE, INC.</u><br><br><u>17300 DALLAS PARKWAY #1070</u><br><u>DALLAS, TX 75248</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>75-2868131</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>972-755-0835</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>621210</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>75-2868131</u> | <b>2c</b> Sponsor's telephone number<br><u>972-755-0835</u> | <b>2d</b> Business code (see instructions)<br><u>621210</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>75-2868131</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>972-755-0835</u>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621210</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/06/2012 | CHRISTINE TSICHLIS                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/06/2012 | CHRISTINE TSICHLIS                                           |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                   |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>DENTAL ONE, INC.<br><br>17300 DALLAS PARKWAY #1070<br>DALLAS, TX 75248 | <b>3b</b> Administrator's EIN<br>75-2868131<br><br><b>3c</b> Administrator's telephone number<br>972-755-0835 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 597 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 469 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 64  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 533 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 533 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 255 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 23  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 2R 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:

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                           |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                                 |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b>              |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                             |
| <b>A</b> Name of plan<br>DENTAL ONE, INC. 401(K) PLAN                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>DENTAL ONE, INC.                                                                                                                                         |                                                                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br>75-2868131 |

**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

AMERICAN FUNDS

95-1411037

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

BARON CAPITAL GROUP

13-3122938

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

DAVIS FUNDS

52-1346931

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

DELAWARE INVESTMENTS

23-2693133

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

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HARTFORD MUTUAL FUNDS

13-3317783

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

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OAKMARK

04-3276558

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

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

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

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

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

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**(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)

WELLS FARGO INVESTMENTS, LLC

91-1374280

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 33 65 71 72                      | BROKERAGE<br>PROVIDER                                                                                                | 2350                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

WELLS FARGO BANK, N.A.

94-1347393

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 15 19 21 38<br>50 59 60 62<br>63 | SERVICE<br>PROVIDER                                                                                                  | 2235                                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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<br>(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<br>(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<br>(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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>DENTAL ONE, INC. 401(K) PLAN</b>                                             | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DENTAL ONE, INC.</b>                 | <b>D</b> Employer Identification Number (EIN)<br><br><b>75-2868131</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 13303                 | 7155            |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 75551                 | 90357           |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 651873                | 555242          |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 4603342               | 5451249         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 253657                | 317132          |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5597726               | 6421135         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5597726 | 6421135 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 82185      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 946794     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 2833       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1031812   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |       |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 74514 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 74514 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 13741     |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 525064    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 20665     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1665796   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 554969 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 554969 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 50132  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 4585   |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 4585   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 609686 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1056110 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 232701  |

**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: FINLEY COOK

(2) EIN: 73-0604334

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 | X   |    | 77233  |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
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) |
|----------------------------------------------------|--------------|-------------|
| DENTAL CARE PARTNERS, INC. RETIREMENT SAVINGS PLAN | 34-1362531   | 001         |
|                                                    |              |             |
|                                                    |              |             |
|                                                    |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DENTAL ONE, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DENTAL ONE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-2868131</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>41-6257133</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> 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.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 |

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

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete 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 One, Inc.**  
**401(k) Plan**

*Financial Statements*

December 31, 2010 and 2009  
(With Independent Auditors' Report Thereon)



**DENTAL ONE, INC.**  
**401(k) PLAN**

**FINANCIAL STATEMENTS**

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## **INDEPENDENT AUDITORS' REPORT**

Management and Plan Trustees  
Dental One, Inc.  
401(k) Plan

We were engaged to audit the financial statements of the Dental One, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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, 2010 and 2009, and for the year ended December 31, 2010, 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, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements. The form and content of the information included in the financial statements and supplemental schedules, 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 and, in our opinion are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As discussed in Note 9 to the financial statements, the Plan has not appropriately filed its 2010 Form 5500. The form was initially filed without the required audited financial statements as of and for the year ended December 31, 2010.

A handwritten signature in black ink that reads "Finley &amp; Cook, PLLC". The signature is written in a cursive, flowing style.

Shawnee, Oklahoma  
January 4, 2012

**DENTAL ONE, INC.**  
**401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

| <i>December 31,</i>                           | <i>2010</i>                | <i>2009</i>             |
|-----------------------------------------------|----------------------------|-------------------------|
| <b>Assets</b>                                 |                            |                         |
| Investments, at fair value:                   |                            |                         |
| Self-directed accounts:                       |                            |                         |
| Common stocks                                 | \$ 135,741                 | 66,312                  |
| Mutual funds                                  | 6,252                      | 1,901                   |
| Money market accounts                         | 175,139                    | 185,444                 |
| Total self-directed accounts                  | <u>317,132</u>             | <u>253,657</u>          |
| Common/collective funds                       | 555,242                    | 651,873                 |
| Mutual funds                                  | <u>5,451,249</u>           | <u>4,603,342</u>        |
| Total investments, at fair value              | <u>6,323,623</u>           | <u>5,508,872</u>        |
| Receivables:                                  |                            |                         |
| Participants' contributions                   | 90,357                     | 75,551                  |
| Employer's contributions                      | <u>7,155</u>               | <u>13,303</u>           |
| Total receivables                             | <u>97,512</u>              | <u>88,854</u>           |
| Total assets                                  | <u>6,421,135</u>           | <u>5,597,726</u>        |
| <b>Liabilities</b>                            | <u>-</u>                   | <u>-</u>                |
| <b>Net assets available for plan benefits</b> | <b><u>\$ 6,421,135</u></b> | <b><u>5,597,726</u></b> |

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

*Year Ended December 31, 2010*

**Additions to net assets attributed to:**

Investment income:

|                                                |                |
|------------------------------------------------|----------------|
| Dividends and interest                         | \$ 74,514      |
| Net appreciation in fair value of investments: |                |
| Common/collective funds                        | 13,741         |
| Mutual funds                                   | 525,064        |
| Self-directed accounts                         | 20,665         |
| Total investment income                        | <u>633,984</u> |

Contributions:

|                     |                  |
|---------------------|------------------|
| Participants'       | 946,794          |
| Employer's          | 82,185           |
| Rollover            | 2,833            |
| Total contributions | <u>1,031,812</u> |

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>1,665,796</u> |
|------------------------|------------------|

**Deductions in net assets attributed to:**

|                               |                |
|-------------------------------|----------------|
| Distributions to participants | 605,101        |
| Other expenses                | 4,585          |
| Transfers                     | <u>232,701</u> |
| <b>Total deductions</b>       | <u>842,387</u> |

|                                                                   |         |
|-------------------------------------------------------------------|---------|
| <b>Net increase in net assets<br/>available for plan benefits</b> | 823,409 |
|-------------------------------------------------------------------|---------|

Net assets available for plan benefits:

|                   |                     |
|-------------------|---------------------|
| Beginning of year | <u>5,597,726</u>    |
| End of year       | <u>\$ 6,421,135</u> |

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2010 and 2009**

---

**(1) DESCRIPTION OF THE PLAN**

The following brief description of the Dental One, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution plan covering substantially all employees of Dental One, Inc. (the “Company”) who are at least 21 years of age and have completed 500 hours of service within a 6-month time period with commencement dates of January 1 or July 1. If an employee does not meet the 500 hours within those commencement dates, the employee must have completed 1,000 hours of service during the plan year. The purpose of the Plan is to provide retirement benefits and permit employees to systematically save a portion of their compensation and defer federal income taxes on that portion. It is subject to the applicable regulations of the Internal Revenue Code of 1986, as amended (the “Code”) and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). All of the Plan’s investment fund options are participant directed.

**Contributions**

Prior to October 1, 2010, the Company matched 50% of up to 4% of an employee’s elected deferrals of total compensation. Effective October 1, 2010, the Plan was amended to make company matching contributions discretionary. On October 1, 2010, company matching contributions were suspended and have not been resumed. The Plan permits participants to make deferrals up to the annual maximum allowed by the Internal Revenue Service and allows “rollover” contributions from other qualified plans.

**Participant Accounts/Investment Options**

Separate participant accounts are maintained for each fund in which the participants elect to invest. Participants’ accounts are credited with participants’ contributions, the Company’s contributions, and plan earnings. Investments are directed, at the discretion of the participant, into any of the different mutual funds offered by Wells Fargo Company.

See Independent Auditors’ Report.

DENTAL ONE, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

---

(1) **DESCRIPTION OF THE PLAN, CONTINUED**

**Vesting**

Participants are at all times 100% vested in their contributions and the earnings thereof. Participants are proportionally vested in employer contributions and earnings based upon years of service, defined as follows:

|                 |      |
|-----------------|------|
| 1 year or less  | 0%   |
| 2 years         | 20%  |
| 3 years         | 40%  |
| 4 years         | 60%  |
| 5 years         | 80%  |
| 6 years or more | 100% |

The participants must complete at least 1,000 hours of service during a plan year to receive vested credit.

**Participant Borrowing**

The Plan does not allow participants to borrow on their account.

**Distributions/Benefits**

Distributions from the Plan may be made in lump sums or installments for required minimum distributions. A terminating member of the Plan is paid the current value of his or her contributions to the Plan, but will forfeit all employer contributions to the extent they are nonvested. As of December 31, 2010 and 2009, there was approximately \$956,000 and \$736,000, respectively, of unpaid deferred vested benefits to participants no longer in the Plan.

The Plan allows hardship distributions from the participants' elective deferral accounts.

**Forfeitures**

Employer contributions and earnings thereon which become forfeited as a result of any of the benefit payment or withdrawal provisions of the Plan shall be used to reduce the contribution of the employer for the year in which the forfeitures occur. As of December 31, 2010 and 2009, unallocated forfeitures in the Plan approximated \$2,000 and \$6,000, respectively.

See Independent Auditors' Report.

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

---

**(1) DESCRIPTION OF THE PLAN, CONTINUED**

**Plan Termination**

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

**Administrative Costs**

The Company absorbs a portion of the Plan's administrative costs. The remaining plan costs are allocated to each participant's account. In addition, fees are assessed on employee-directed transactions within the Plan and are charged to the individual's account.

**(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements of the Plan present the net assets available for plan benefits and changes in those net assets. They have been prepared on the accrual basis of accounting.

**Use of Estimates**

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

**Investments**

Investments in common/collective funds and mutual funds are carried at fair value, based on quoted market prices of the underlying investments or quoted market prices for investments similar to the underlying investments included in the respective fund. Investment in self-directed accounts are carried at fair value and determined by quoted market prices of the underlying assets. Purchases and sales of investments are recorded on the trade-date basis.

**Income Recognition**

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

See Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Payment of Benefits**

Benefits are recorded when paid.

**Transfers**

Transfers represent account balances of participants who have transferred to Dental Care Partners, Inc. Retirement Savings Plan, a related entity of the Company. These participants were transferred due to the Company selling several of their divisions to the related party.

**Risks and Uncertainties**

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 plan benefits.

**Recent Accounting Pronouncement**

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update No. 2010-06, "Improving Disclosures about Fair Value Measurements" (ASU 2010-06), which amends *Accounting Standards Codification* 820, "Fair Value Measurements and Disclosures" (ASC 820), to require a number of additional disclosures regarding fair value measurements. Specifically, entities are required to disclose: the amount of significant transfers between Level 1 and Level 2 of the fair value hierarchy and the reasons for the transfers; the reasons for any transfers in or out of Level 3; and information in the reconciliation of recurring Level 3 measurements about purchases, sales, issuances, and settlements on a gross basis. In addition to these new disclosure requirements, ASU 2010-06 also amends ASC 820 to clarify certain existing disclosure requirements. Except for the requirement to disclose information about purchases, sales, issuances, and settlements in the reconciliation of recurring Level 3 measurements on a gross basis, all the amendments to ASC 820 made by ASU 2010-06 were adopted by the Plan on January 1, 2010. The requirement to separately disclose purchases, sales, issuances, and settlements of recurring Level 3 measurements is effective for the Plan on January 1, 2011. The adoption of this disclosure-only guidance will not have an effect on the Plan's net assets or changes in net assets.

**Date of Management's Review of Subsequent Events**

Management has evaluated subsequent events through January 4, 2012, the date which the financial statements were available to be issued.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(3) INVESTMENTS**

The following presents investments, at fair value, that represent 5% or more of the Plan's net assets at December 31:

| <u>Description</u>                          | <u>Fair Value</u> |             |
|---------------------------------------------|-------------------|-------------|
|                                             | <u>2010</u>       | <u>2009</u> |
| Wells Fargo Collective Stable Return        | \$ 555,242        | 651,873     |
| American Funds Bond Fund of America         | 635,410           | 535,707     |
| Wells Fargo Advantage Dow Jones Target 2040 | 426,000           | - *         |
| Oakmark Equity & Income                     | 624,505           | 537,812     |
| Wells Fargo Advantage C&B Large Cap Value   | 733,183           | 706,284     |
| American Funds Growth Fund of America       | 1,094,479         | 954,366     |
| American Funds EuroPacific Growth           | 964,657           | 986,590     |

---

\*Investment did not represent 5% or more of plan assets at indicated year end.

During 2010, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value as follows:

|                         |                   |
|-------------------------|-------------------|
| Common/collective funds | \$ 13,741         |
| Mutual funds            | 525,064           |
| Self-directed accounts  | <u>20,665</u>     |
|                         | <u>\$ 559,470</u> |

See Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(4) **FAIR VALUE MEASUREMENTS**

Fair value is defined 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. In estimating fair value, the Plan utilizes valuation techniques that are consistent with the market approach, the income approach, and/or the cost approach. Such valuation techniques are consistently applied. Inputs to valuation techniques include the assumptions that market participants would use in pricing an asset or liability. Fair values may not represent actual values of assets that could have been realized on the measurement date or that will be realized in the future. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

ASC 820 establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

- Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset and liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 inputs consist of unobservable inputs which are used when observable inputs are unavailable and reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

The Plan uses appropriate valuation methods based on the available inputs to measure the fair value of its assets and liabilities.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

**(4) FAIR VALUE MEASUREMENTS, CONTINUED**

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Common/Collective and Mutual Funds

The fair values of common/collective and mutual funds are based on quoted market prices of the underlying investments or quoted market prices for investments similar to the underlying investments included in the respective mutual fund.

Self-Directed Accounts

The fair values of self-directed accounts are based on quoted market prices of the underlying investments.

The fair values of financial instruments (assets) measured on a recurring basis at December 31 are as follows:

|                              |                                   | Fair Value Measurements at<br>Reporting Date Using                            |                                                           |                                                    |
|------------------------------|-----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                              |                                   | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <u>2010</u>                  | <u>Measured at<br/>Fair Value</u> |                                                                               |                                                           |                                                    |
| Common/collective funds      | \$ 555,242                        | -                                                                             | 555,242                                                   | -                                                  |
| Mutual funds                 | 5,451,249                         | -                                                                             | 5,451,249                                                 | -                                                  |
| Self-directed accounts:      |                                   |                                                                               |                                                           |                                                    |
| Common stocks                | 135,741                           | 135,741                                                                       | -                                                         | -                                                  |
| Mutual funds                 | 6,252                             | 6,252                                                                         | -                                                         | -                                                  |
| Money market accounts        | 175,139                           | 175,139                                                                       | -                                                         | -                                                  |
| Total self-directed accounts | 317,132                           | 317,132                                                                       | -                                                         | -                                                  |
|                              | <u>\$ 6,323,623</u>               | <u>317,132</u>                                                                | <u>6,006,491</u>                                          | <u>-</u>                                           |

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

**(4) FAIR VALUE MEASUREMENTS, CONTINUED**

|                              |                                  | Fair Value Measurements at<br>Reporting Date Using                            |                                                           |                                                    |
|------------------------------|----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                              |                                  | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <u>2009</u>                  | Measured at<br><u>Fair Value</u> |                                                                               |                                                           |                                                    |
| Common/collective funds      | \$ 651,873                       | -                                                                             | 651,873                                                   | -                                                  |
| Mutual funds                 | 4,603,342                        | -                                                                             | 4,603,342                                                 | -                                                  |
| Self-directed accounts:      |                                  |                                                                               |                                                           |                                                    |
| Common stocks                | 66,312                           | 66,312                                                                        | -                                                         | -                                                  |
| Mutual funds                 | 1,901                            | 1,901                                                                         | -                                                         | -                                                  |
| Money market accounts        | 185,444                          | 185,444                                                                       | -                                                         | -                                                  |
| Total self-directed accounts | 253,657                          | 253,657                                                                       | -                                                         | -                                                  |
|                              | <u>\$ 5,508,872</u>              | <u>253,657</u>                                                                | <u>5,255,215</u>                                          | <u>-</u>                                           |

**(5) SELF-DIRECTED ACCOUNTS**

Activity in the self-directed accounts during 2010 and 2009 was as follows:

|                                    | <u>2010</u>       | <u>2009</u>    |
|------------------------------------|-------------------|----------------|
| Balance at beginning of year       | \$ 253,657        | 130,218        |
| Transfers in                       | 158,661           | 107,179        |
| Transfers out                      | (113,501)         | -              |
| Realized and unrealized gains, net | 20,665            | 17,203         |
| Administrative expenses            | (2,350)           | (943)          |
| Balance at end of year             | <u>\$ 317,132</u> | <u>253,657</u> |

See Independent Auditors' Report.

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(6) TAX STATUS**

The Internal Revenue Service has determined and informed the trustee by a letter dated August 30, 2001, that the prototype plan under which the Plan operates is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States 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 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 and 2009, there were no uncertain tax 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 period in progress.

**(7) INFORMATION CERTIFIED BY PLAN TRUSTEE**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments as shown in the statements of net assets available for plan benefits as of December 31, 2010 and 2009.
- Investment activity as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2010.
- Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2010, as shown on the supplemental Schedule I.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(8) PROHIBITED TRANSACTIONS**

During the year ended December 31, 2010, the plan sponsor did not timely remit participant withholdings of \$77,637 to the trustee of the Plan. This untimely submission constituted a prohibited transaction as defined by ERISA. The plan sponsor had remitted late contributions of \$404 during the year ended December 31, 2010, to the trustee. The remaining \$77,233 of late contributions was remitted in 2011 to the trustee. The related interest and excise taxes of \$15 have been paid on the late payments of \$404. Interest and late payments on the balance of \$77,233 had not been paid as of December 31, 2010.

**(9) CONTINGENCIES**

The Plan has not appropriately filed its 2010 Form 5500. The form was initially filed without the required audited financial statements as of and for the year ended December 31, 2010. The Plan has not received any notification of penalties to be assessed as a result of the incomplete filing of the Form 5500; however, penalties could be assessed in the future.

**(10) SUBSEQUENT EVENT**

Effective October 1, 2011, the Plan was merged with Dental Care Partners, Inc. Retirement Savings Plan, a related entity of the Company. As a result of the merger, plan assets were transferred to a new trustee.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**Form 5500, Schedule H, Line 4i—**  
**Schedule of Assets (Held at End of Year)**

*December 31, 2010*

| (a)                                                             | (b)<br><br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br><br>Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par, or maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|-----------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>Participant-Directed Common/Collective Funds</b>             |                                                                        |                                                                                                                             |                 |                             |
| *                                                               | Wells Fargo Collective Stable Return                                   | Mutual fund                                                                                                                 | N/A             | \$ 555,242                  |
| <b>Subtotal of participant-directed common/collective funds</b> |                                                                        |                                                                                                                             | N/A             | 555,242                     |
| <b>Participant-Directed Mutual Funds</b>                        |                                                                        |                                                                                                                             |                 |                             |
|                                                                 | American Funds Bond Fund of America                                    | Mutual fund                                                                                                                 | N/A             | 635,410                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target Today                           | Mutual fund                                                                                                                 | N/A             | 32,061                      |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2010                            | Mutual fund                                                                                                                 | N/A             | 13,632                      |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2020                            | Mutual fund                                                                                                                 | N/A             | 111,574                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2030                            | Mutual fund                                                                                                                 | N/A             | 113,986                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2040                            | Mutual fund                                                                                                                 | N/A             | 426,000                     |
|                                                                 | Oakmark Equity & Income                                                | Mutual fund                                                                                                                 | N/A             | 624,505                     |
| *                                                               | Wells Fargo Advantage C&B Large Cap Value                              | Mutual fund                                                                                                                 | N/A             | 733,183                     |
|                                                                 | Davis New York Venture                                                 | Mutual fund                                                                                                                 | N/A             | 92,130                      |
|                                                                 | American Funds Growth Fund of America                                  | Mutual fund                                                                                                                 | N/A             | 1,094,479                   |
| *                                                               | Wells Fargo Advantage Mid Cap Disciplined                              | Mutual fund                                                                                                                 | N/A             | 195,097                     |
|                                                                 | Baron Asset                                                            | Mutual fund                                                                                                                 | N/A             | 34,021                      |
|                                                                 | Delaware Small Cap Value                                               | Mutual fund                                                                                                                 | N/A             | 262,608                     |
|                                                                 | Hartford Small Company HLS                                             | Mutual fund                                                                                                                 | N/A             | 117,906                     |
|                                                                 | American Funds EuroPacific Growth                                      | Mutual fund                                                                                                                 | N/A             | 964,657                     |
| <b>Subtotal of participant-directed mutual funds</b>            |                                                                        |                                                                                                                             | N/A             | 5,451,249                   |

(Continued)

See Independent Auditors' Report.

DENTAL ONE, INC.  
401(k) PLAN

Form 5500, Schedule H, Line 4i—

Schedule of Assets (Held at End of Year), Continued

December 31, 2010

| (a)                                            | (b)<br><br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br><br>Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par, or maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>Self-Directed Accounts</b>                  |                                                                        |                                                                                                                             |                 |                             |
|                                                | <b>Common stocks:</b>                                                  |                                                                                                                             |                 |                             |
|                                                | Abbott Laboratories                                                    | Common stock                                                                                                                | N/A             | 2,395                       |
|                                                | Agree Realty Corp                                                      | Common stock                                                                                                                | N/A             | 2,619                       |
|                                                | American Superconductor Corp                                           | Common stock                                                                                                                | N/A             | 2,859                       |
|                                                | Citigroup Inc.                                                         | Common stock                                                                                                                | N/A             | 2,365                       |
|                                                | Clean Energy Fuels Corp                                                | Common stock                                                                                                                | N/A             | 1,384                       |
|                                                | Flowserve Corp                                                         | Common stock                                                                                                                | N/A             | 1,788                       |
|                                                | Gastar Exploration Ltd.                                                | Common stock                                                                                                                | N/A             | 1,419                       |
|                                                | Permian Basin Royalty Trust                                            | Common stock                                                                                                                | N/A             | 3,502                       |
|                                                | Sandridge Energy Inc.                                                  | Common stock                                                                                                                | N/A             | 4,026                       |
|                                                | Silver Wheaton Corp                                                    | Common stock                                                                                                                | N/A             | 11,712                      |
|                                                | Telefonica SA                                                          | Common stock                                                                                                                | N/A             | 2,053                       |
|                                                | Visa Inc.                                                              | Common stock                                                                                                                | N/A             | 79,529                      |
|                                                | Western Refining Inc.                                                  | Common stock                                                                                                                | N/A             | 4,497                       |
|                                                | Westport Innovations Inc.                                              | Common stock                                                                                                                | N/A             | 1,852                       |
|                                                | Exxon Mobil Corp                                                       | Common stock                                                                                                                | N/A             | 2,593                       |
|                                                | ONEOK Partners LP                                                      | Common stock                                                                                                                | N/A             | 6,258                       |
|                                                | Williams Partners LP                                                   | Common stock                                                                                                                | NA              | 4,890                       |
| <b>Subtotal of self-directed common stocks</b> |                                                                        |                                                                                                                             | N/A             | 135,741                     |
|                                                | <b>Mutual funds:</b>                                                   |                                                                                                                             |                 |                             |
|                                                | Blackrock Real Asset Equity Trust                                      | Mutual fund                                                                                                                 | NA              | 6,252                       |
| <b>Subtotal of self-directed mutual funds</b>  |                                                                        |                                                                                                                             | N/A             | 6,252                       |
|                                                | <b>Money market</b>                                                    |                                                                                                                             |                 |                             |
|                                                |                                                                        | Money market                                                                                                                | N/A             | 175,139                     |
| <b>Subtotal of self-directed money market</b>  |                                                                        |                                                                                                                             | N/A             | 175,139                     |
| <b>Subtotal of self-directed accounts</b>      |                                                                        |                                                                                                                             | N/A             | 317,132                     |
| <b>TOTAL INVESTMENTS</b>                       |                                                                        |                                                                                                                             |                 | <b><u>\$ 6,323,623</u></b>  |

\* Indicates a party-in-interest, as mutual funds and the market account are managed by Wells Fargo.

N/A—Not applicable, as investments are participant or self directed.

See Independent Auditors' Report.

DENTAL ONE, INC.  
401(k) PLAN

Form 5500, Schedule H, Line 4a—  
Schedule of Delinquent Participant Contributions

Year Ended December 31, 2010

| Participant Contributions<br>Transferred Late to Plan                                         | Total That Constitute Nonexempt<br>Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected Under<br>Voluntary<br>Fiduciary<br>Corrections<br>Program<br>(VFCP) and<br>Prohibited<br>Transaction<br>Exemption<br>2002-51 |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                               | Contributions<br>Not Corrected                             | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                                                                                                                       |
| Check Here<br>If Late Participant Loan<br>Repayments are Included<br><input type="checkbox"/> |                                                            |                                            |                                                   |                                                                                                                                                       |
| Year ended December 31, 2010                                                                  | \$ 77,233                                                  | 404                                        | -                                                 | -                                                                                                                                                     |
| Year ended December 31, 2009                                                                  | -                                                          | 30,949                                     | -                                                 | -                                                                                                                                                     |

See Independent Auditors' Report.

**Dental One, Inc.**  
**401(k) Plan**

*Financial Statements*

December 31, 2010 and 2009  
(With Independent Auditors' Report Thereon)



**DENTAL ONE, INC.**  
**401(k) PLAN**

**FINANCIAL STATEMENTS**

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## **INDEPENDENT AUDITORS' REPORT**

Management and Plan Trustees  
Dental One, Inc.  
401(k) Plan

We were engaged to audit the financial statements of the Dental One, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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, 2010 and 2009, and for the year ended December 31, 2010, 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, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements. The form and content of the information included in the financial statements and supplemental schedules, 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 and, in our opinion are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As discussed in Note 9 to the financial statements, the Plan has not appropriately filed its 2010 Form 5500. The form was initially filed without the required audited financial statements as of and for the year ended December 31, 2010.

A handwritten signature in black ink that reads "Finley &amp; Cook, PLLC". The signature is written in a cursive, flowing style.

Shawnee, Oklahoma  
January 4, 2012

**DENTAL ONE, INC.**  
**401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

| <i>December 31,</i>                           | <i>2010</i>                | <i>2009</i>             |
|-----------------------------------------------|----------------------------|-------------------------|
| <b>Assets</b>                                 |                            |                         |
| Investments, at fair value:                   |                            |                         |
| Self-directed accounts:                       |                            |                         |
| Common stocks                                 | \$ 135,741                 | 66,312                  |
| Mutual funds                                  | 6,252                      | 1,901                   |
| Money market accounts                         | 175,139                    | 185,444                 |
| Total self-directed accounts                  | <u>317,132</u>             | <u>253,657</u>          |
| Common/collective funds                       | 555,242                    | 651,873                 |
| Mutual funds                                  | <u>5,451,249</u>           | <u>4,603,342</u>        |
| Total investments, at fair value              | <u>6,323,623</u>           | <u>5,508,872</u>        |
| Receivables:                                  |                            |                         |
| Participants' contributions                   | 90,357                     | 75,551                  |
| Employer's contributions                      | <u>7,155</u>               | <u>13,303</u>           |
| Total receivables                             | <u>97,512</u>              | <u>88,854</u>           |
| Total assets                                  | <u>6,421,135</u>           | <u>5,597,726</u>        |
| <b>Liabilities</b>                            | <u>-</u>                   | <u>-</u>                |
| <b>Net assets available for plan benefits</b> | <b><u>\$ 6,421,135</u></b> | <b><u>5,597,726</u></b> |

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

*Year Ended December 31, 2010*

**Additions to net assets attributed to:**

Investment income:

|                                                |                |
|------------------------------------------------|----------------|
| Dividends and interest                         | \$ 74,514      |
| Net appreciation in fair value of investments: |                |
| Common/collective funds                        | 13,741         |
| Mutual funds                                   | 525,064        |
| Self-directed accounts                         | 20,665         |
| Total investment income                        | <u>633,984</u> |

Contributions:

|                     |                  |
|---------------------|------------------|
| Participants'       | 946,794          |
| Employer's          | 82,185           |
| Rollover            | 2,833            |
| Total contributions | <u>1,031,812</u> |

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>1,665,796</u> |
|------------------------|------------------|

**Deductions in net assets attributed to:**

|                               |                |
|-------------------------------|----------------|
| Distributions to participants | 605,101        |
| Other expenses                | 4,585          |
| Transfers                     | <u>232,701</u> |
| <b>Total deductions</b>       | <u>842,387</u> |

|                                                                   |         |
|-------------------------------------------------------------------|---------|
| <b>Net increase in net assets<br/>available for plan benefits</b> | 823,409 |
|-------------------------------------------------------------------|---------|

Net assets available for plan benefits:

|                   |                     |
|-------------------|---------------------|
| Beginning of year | <u>5,597,726</u>    |
| End of year       | <u>\$ 6,421,135</u> |

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2010 and 2009**

---

**(1) DESCRIPTION OF THE PLAN**

The following brief description of the Dental One, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution plan covering substantially all employees of Dental One, Inc. (the “Company”) who are at least 21 years of age and have completed 500 hours of service within a 6-month time period with commencement dates of January 1 or July 1. If an employee does not meet the 500 hours within those commencement dates, the employee must have completed 1,000 hours of service during the plan year. The purpose of the Plan is to provide retirement benefits and permit employees to systematically save a portion of their compensation and defer federal income taxes on that portion. It is subject to the applicable regulations of the Internal Revenue Code of 1986, as amended (the “Code”) and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). All of the Plan’s investment fund options are participant directed.

**Contributions**

Prior to October 1, 2010, the Company matched 50% of up to 4% of an employee’s elected deferrals of total compensation. Effective October 1, 2010, the Plan was amended to make company matching contributions discretionary. On October 1, 2010, company matching contributions were suspended and have not been resumed. The Plan permits participants to make deferrals up to the annual maximum allowed by the Internal Revenue Service and allows “rollover” contributions from other qualified plans.

**Participant Accounts/Investment Options**

Separate participant accounts are maintained for each fund in which the participants elect to invest. Participants’ accounts are credited with participants’ contributions, the Company’s contributions, and plan earnings. Investments are directed, at the discretion of the participant, into any of the different mutual funds offered by Wells Fargo Company.

See Independent Auditors’ Report.

DENTAL ONE, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

---

(1) **DESCRIPTION OF THE PLAN, CONTINUED**

**Vesting**

Participants are at all times 100% vested in their contributions and the earnings thereof. Participants are proportionally vested in employer contributions and earnings based upon years of service, defined as follows:

|                 |      |
|-----------------|------|
| 1 year or less  | 0%   |
| 2 years         | 20%  |
| 3 years         | 40%  |
| 4 years         | 60%  |
| 5 years         | 80%  |
| 6 years or more | 100% |

The participants must complete at least 1,000 hours of service during a plan year to receive vested credit.

**Participant Borrowing**

The Plan does not allow participants to borrow on their account.

**Distributions/Benefits**

Distributions from the Plan may be made in lump sums or installments for required minimum distributions. A terminating member of the Plan is paid the current value of his or her contributions to the Plan, but will forfeit all employer contributions to the extent they are nonvested. As of December 31, 2010 and 2009, there was approximately \$956,000 and \$736,000, respectively, of unpaid deferred vested benefits to participants no longer in the Plan.

The Plan allows hardship distributions from the participants' elective deferral accounts.

**Forfeitures**

Employer contributions and earnings thereon which become forfeited as a result of any of the benefit payment or withdrawal provisions of the Plan shall be used to reduce the contribution of the employer for the year in which the forfeitures occur. As of December 31, 2010 and 2009, unallocated forfeitures in the Plan approximated \$2,000 and \$6,000, respectively.

See Independent Auditors' Report.

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

---

**(1) DESCRIPTION OF THE PLAN, CONTINUED**

**Plan Termination**

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

**Administrative Costs**

The Company absorbs a portion of the Plan's administrative costs. The remaining plan costs are allocated to each participant's account. In addition, fees are assessed on employee-directed transactions within the Plan and are charged to the individual's account.

**(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements of the Plan present the net assets available for plan benefits and changes in those net assets. They have been prepared on the accrual basis of accounting.

**Use of Estimates**

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

**Investments**

Investments in common/collective funds and mutual funds are carried at fair value, based on quoted market prices of the underlying investments or quoted market prices for investments similar to the underlying investments included in the respective fund. Investment in self-directed accounts are carried at fair value and determined by quoted market prices of the underlying assets. Purchases and sales of investments are recorded on the trade-date basis.

**Income Recognition**

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

See Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Payment of Benefits**

Benefits are recorded when paid.

**Transfers**

Transfers represent account balances of participants who have transferred to Dental Care Partners, Inc. Retirement Savings Plan, a related entity of the Company. These participants were transferred due to the Company selling several of their divisions to the related party.

**Risks and Uncertainties**

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 plan benefits.

**Recent Accounting Pronouncement**

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update No. 2010-06, "Improving Disclosures about Fair Value Measurements" (ASU 2010-06), which amends *Accounting Standards Codification* 820, "Fair Value Measurements and Disclosures" (ASC 820), to require a number of additional disclosures regarding fair value measurements. Specifically, entities are required to disclose: the amount of significant transfers between Level 1 and Level 2 of the fair value hierarchy and the reasons for the transfers; the reasons for any transfers in or out of Level 3; and information in the reconciliation of recurring Level 3 measurements about purchases, sales, issuances, and settlements on a gross basis. In addition to these new disclosure requirements, ASU 2010-06 also amends ASC 820 to clarify certain existing disclosure requirements. Except for the requirement to disclose information about purchases, sales, issuances, and settlements in the reconciliation of recurring Level 3 measurements on a gross basis, all the amendments to ASC 820 made by ASU 2010-06 were adopted by the Plan on January 1, 2010. The requirement to separately disclose purchases, sales, issuances, and settlements of recurring Level 3 measurements is effective for the Plan on January 1, 2011. The adoption of this disclosure-only guidance will not have an effect on the Plan's net assets or changes in net assets.

**Date of Management's Review of Subsequent Events**

Management has evaluated subsequent events through January 4, 2012, the date which the financial statements were available to be issued.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(3) INVESTMENTS**

The following presents investments, at fair value, that represent 5% or more of the Plan's net assets at December 31:

| <u>Description</u>                          | <u>Fair Value</u> |             |
|---------------------------------------------|-------------------|-------------|
|                                             | <u>2010</u>       | <u>2009</u> |
| Wells Fargo Collective Stable Return        | \$ 555,242        | 651,873     |
| American Funds Bond Fund of America         | 635,410           | 535,707     |
| Wells Fargo Advantage Dow Jones Target 2040 | 426,000           | - *         |
| Oakmark Equity & Income                     | 624,505           | 537,812     |
| Wells Fargo Advantage C&B Large Cap Value   | 733,183           | 706,284     |
| American Funds Growth Fund of America       | 1,094,479         | 954,366     |
| American Funds EuroPacific Growth           | 964,657           | 986,590     |

---

\*Investment did not represent 5% or more of plan assets at indicated year end.

During 2010, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value as follows:

|                         |                   |
|-------------------------|-------------------|
| Common/collective funds | \$ 13,741         |
| Mutual funds            | 525,064           |
| Self-directed accounts  | <u>20,665</u>     |
|                         | <u>\$ 559,470</u> |

See Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(4) **FAIR VALUE MEASUREMENTS**

Fair value is defined 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. In estimating fair value, the Plan utilizes valuation techniques that are consistent with the market approach, the income approach, and/or the cost approach. Such valuation techniques are consistently applied. Inputs to valuation techniques include the assumptions that market participants would use in pricing an asset or liability. Fair values may not represent actual values of assets that could have been realized on the measurement date or that will be realized in the future. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

ASC 820 establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

- Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset and liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 inputs consist of unobservable inputs which are used when observable inputs are unavailable and reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

The Plan uses appropriate valuation methods based on the available inputs to measure the fair value of its assets and liabilities.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

**(4) FAIR VALUE MEASUREMENTS, CONTINUED**

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Common/Collective and Mutual Funds

The fair values of common/collective and mutual funds are based on quoted market prices of the underlying investments or quoted market prices for investments similar to the underlying investments included in the respective mutual fund.

Self-Directed Accounts

The fair values of self-directed accounts are based on quoted market prices of the underlying investments.

The fair values of financial instruments (assets) measured on a recurring basis at December 31 are as follows:

|                              |                                   | Fair Value Measurements at<br>Reporting Date Using                            |                                                           |                                                    |
|------------------------------|-----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                              |                                   | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <u>2010</u>                  | <u>Measured at<br/>Fair Value</u> |                                                                               |                                                           |                                                    |
| Common/collective funds      | \$ 555,242                        | -                                                                             | 555,242                                                   | -                                                  |
| Mutual funds                 | 5,451,249                         | -                                                                             | 5,451,249                                                 | -                                                  |
| Self-directed accounts:      |                                   |                                                                               |                                                           |                                                    |
| Common stocks                | 135,741                           | 135,741                                                                       | -                                                         | -                                                  |
| Mutual funds                 | 6,252                             | 6,252                                                                         | -                                                         | -                                                  |
| Money market accounts        | 175,139                           | 175,139                                                                       | -                                                         | -                                                  |
| Total self-directed accounts | <u>317,132</u>                    | <u>317,132</u>                                                                | <u>-</u>                                                  | <u>-</u>                                           |
|                              | <u>\$ 6,323,623</u>               | <u>317,132</u>                                                                | <u>6,006,491</u>                                          | <u>-</u>                                           |

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

**(4) FAIR VALUE MEASUREMENTS, CONTINUED**

|                              |                                  | Fair Value Measurements at<br>Reporting Date Using                            |                                                           |                                                    |
|------------------------------|----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                              |                                  | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <u>2009</u>                  | Measured at<br><u>Fair Value</u> |                                                                               |                                                           |                                                    |
| Common/collective funds      | \$ 651,873                       | -                                                                             | 651,873                                                   | -                                                  |
| Mutual funds                 | 4,603,342                        | -                                                                             | 4,603,342                                                 | -                                                  |
| Self-directed accounts:      |                                  |                                                                               |                                                           |                                                    |
| Common stocks                | 66,312                           | 66,312                                                                        | -                                                         | -                                                  |
| Mutual funds                 | 1,901                            | 1,901                                                                         | -                                                         | -                                                  |
| Money market accounts        | 185,444                          | 185,444                                                                       | -                                                         | -                                                  |
| Total self-directed accounts | 253,657                          | 253,657                                                                       | -                                                         | -                                                  |
|                              | <u>\$ 5,508,872</u>              | <u>253,657</u>                                                                | <u>5,255,215</u>                                          | <u>-</u>                                           |

**(5) SELF-DIRECTED ACCOUNTS**

Activity in the self-directed accounts during 2010 and 2009 was as follows:

|                                    | <u>2010</u>       | <u>2009</u>    |
|------------------------------------|-------------------|----------------|
| Balance at beginning of year       | \$ 253,657        | 130,218        |
| Transfers in                       | 158,661           | 107,179        |
| Transfers out                      | (113,501)         | -              |
| Realized and unrealized gains, net | 20,665            | 17,203         |
| Administrative expenses            | (2,350)           | (943)          |
| Balance at end of year             | <u>\$ 317,132</u> | <u>253,657</u> |

See Independent Auditors' Report.

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(6) TAX STATUS**

The Internal Revenue Service has determined and informed the trustee by a letter dated August 30, 2001, that the prototype plan under which the Plan operates is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States 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 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 and 2009, there were no uncertain tax 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 period in progress.

**(7) INFORMATION CERTIFIED BY PLAN TRUSTEE**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments as shown in the statements of net assets available for plan benefits as of December 31, 2010 and 2009.
- Investment activity as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2010.
- Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2010, as shown on the supplemental Schedule I.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(8) PROHIBITED TRANSACTIONS**

During the year ended December 31, 2010, the plan sponsor did not timely remit participant withholdings of \$77,637 to the trustee of the Plan. This untimely submission constituted a prohibited transaction as defined by ERISA. The plan sponsor had remitted late contributions of \$404 during the year ended December 31, 2010, to the trustee. The remaining \$77,233 of late contributions was remitted in 2011 to the trustee. The related interest and excise taxes of \$15 have been paid on the late payments of \$404. Interest and late payments on the balance of \$77,233 had not been paid as of December 31, 2010.

**(9) CONTINGENCIES**

The Plan has not appropriately filed its 2010 Form 5500. The form was initially filed without the required audited financial statements as of and for the year ended December 31, 2010. The Plan has not received any notification of penalties to be assessed as a result of the incomplete filing of the Form 5500; however, penalties could be assessed in the future.

**(10) SUBSEQUENT EVENT**

Effective October 1, 2011, the Plan was merged with Dental Care Partners, Inc. Retirement Savings Plan, a related entity of the Company. As a result of the merger, plan assets were transferred to a new trustee.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**Form 5500, Schedule H, Line 4i—**  
**Schedule of Assets (Held at End of Year)**

*December 31, 2010*

| (a)                                                             | (b)<br><br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br><br>Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par, or maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|-----------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>Participant-Directed Common/Collective Funds</b>             |                                                                        |                                                                                                                             |                 |                             |
| *                                                               | Wells Fargo Collective Stable Return                                   | Mutual fund                                                                                                                 | N/A             | \$ 555,242                  |
| <b>Subtotal of participant-directed common/collective funds</b> |                                                                        |                                                                                                                             | N/A             | 555,242                     |
| <b>Participant-Directed Mutual Funds</b>                        |                                                                        |                                                                                                                             |                 |                             |
|                                                                 | American Funds Bond Fund of America                                    | Mutual fund                                                                                                                 | N/A             | 635,410                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target Today                           | Mutual fund                                                                                                                 | N/A             | 32,061                      |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2010                            | Mutual fund                                                                                                                 | N/A             | 13,632                      |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2020                            | Mutual fund                                                                                                                 | N/A             | 111,574                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2030                            | Mutual fund                                                                                                                 | N/A             | 113,986                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2040                            | Mutual fund                                                                                                                 | N/A             | 426,000                     |
|                                                                 | Oakmark Equity & Income                                                | Mutual fund                                                                                                                 | N/A             | 624,505                     |
| *                                                               | Wells Fargo Advantage C&B Large Cap Value                              | Mutual fund                                                                                                                 | N/A             | 733,183                     |
|                                                                 | Davis New York Venture                                                 | Mutual fund                                                                                                                 | N/A             | 92,130                      |
|                                                                 | American Funds Growth Fund of America                                  | Mutual fund                                                                                                                 | N/A             | 1,094,479                   |
| *                                                               | Wells Fargo Advantage Mid Cap Disciplined                              | Mutual fund                                                                                                                 | N/A             | 195,097                     |
|                                                                 | Baron Asset                                                            | Mutual fund                                                                                                                 | N/A             | 34,021                      |
|                                                                 | Delaware Small Cap Value                                               | Mutual fund                                                                                                                 | N/A             | 262,608                     |
|                                                                 | Hartford Small Company HLS                                             | Mutual fund                                                                                                                 | N/A             | 117,906                     |
|                                                                 | American Funds EuroPacific Growth                                      | Mutual fund                                                                                                                 | N/A             | 964,657                     |
| <b>Subtotal of participant-directed mutual funds</b>            |                                                                        |                                                                                                                             | N/A             | 5,451,249                   |

(Continued)

See Independent Auditors' Report.

DENTAL ONE, INC.  
401(k) PLAN

Form 5500, Schedule H, Line 4i—

**Schedule of Assets (Held at End of Year), Continued**

December 31, 2010

| (a)                                            | (b)<br><br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br><br>Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par, or maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>Self-Directed Accounts</b>                  |                                                                        |                                                                                                                             |                 |                             |
|                                                | <b>Common stocks:</b>                                                  |                                                                                                                             |                 |                             |
|                                                | Abbott Laboratories                                                    | Common stock                                                                                                                | N/A             | 2,395                       |
|                                                | Agree Realty Corp                                                      | Common stock                                                                                                                | N/A             | 2,619                       |
|                                                | American Superconductor Corp                                           | Common stock                                                                                                                | N/A             | 2,859                       |
|                                                | Citigroup Inc.                                                         | Common stock                                                                                                                | N/A             | 2,365                       |
|                                                | Clean Energy Fuels Corp                                                | Common stock                                                                                                                | N/A             | 1,384                       |
|                                                | Flowserve Corp                                                         | Common stock                                                                                                                | N/A             | 1,788                       |
|                                                | Gastar Exploration Ltd.                                                | Common stock                                                                                                                | N/A             | 1,419                       |
|                                                | Permian Basin Royalty Trust                                            | Common stock                                                                                                                | N/A             | 3,502                       |
|                                                | Sandridge Energy Inc.                                                  | Common stock                                                                                                                | N/A             | 4,026                       |
|                                                | Silver Wheaton Corp                                                    | Common stock                                                                                                                | N/A             | 11,712                      |
|                                                | Telefonica SA                                                          | Common stock                                                                                                                | N/A             | 2,053                       |
|                                                | Visa Inc.                                                              | Common stock                                                                                                                | N/A             | 79,529                      |
|                                                | Western Refining Inc.                                                  | Common stock                                                                                                                | N/A             | 4,497                       |
|                                                | Westport Innovations Inc.                                              | Common stock                                                                                                                | N/A             | 1,852                       |
|                                                | Exxon Mobil Corp                                                       | Common stock                                                                                                                | N/A             | 2,593                       |
|                                                | ONEOK Partners LP                                                      | Common stock                                                                                                                | N/A             | 6,258                       |
|                                                | Williams Partners LP                                                   | Common stock                                                                                                                | NA              | 4,890                       |
| <b>Subtotal of self-directed common stocks</b> |                                                                        |                                                                                                                             | N/A             | 135,741                     |
|                                                | <b>Mutual funds:</b>                                                   |                                                                                                                             |                 |                             |
|                                                | Blackrock Real Asset Equity Trust                                      | Mutual fund                                                                                                                 | NA              | 6,252                       |
| <b>Subtotal of self-directed mutual funds</b>  |                                                                        |                                                                                                                             | N/A             | 6,252                       |
|                                                | <b>Money market</b>                                                    |                                                                                                                             |                 |                             |
|                                                |                                                                        | Money market                                                                                                                | N/A             | 175,139                     |
| <b>Subtotal of self-directed money market</b>  |                                                                        |                                                                                                                             | N/A             | 175,139                     |
| <b>Subtotal of self-directed accounts</b>      |                                                                        |                                                                                                                             | N/A             | 317,132                     |
| <b>TOTAL INVESTMENTS</b>                       |                                                                        |                                                                                                                             |                 | <b><u>\$ 6,323,623</u></b>  |

\* Indicates a party-in-interest, as mutual funds and the market account are managed by Wells Fargo.

N/A—Not applicable, as investments are participant or self directed.

See Independent Auditors' Report.

DENTAL ONE, INC.  
401(k) PLAN

Form 5500, Schedule H, Line 4a—  
Schedule of Delinquent Participant Contributions

Year Ended December 31, 2010

| Participant Contributions<br>Transferred Late to Plan                                         | Total That Constitute Nonexempt<br>Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected Under<br>Voluntary<br>Fiduciary<br>Corrections<br>Program<br>(VFCP) and<br>Prohibited<br>Transaction<br>Exemption<br>2002-51 |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                               | Contributions<br>Not Corrected                             | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                                                                                                                       |
| Check Here<br>If Late Participant Loan<br>Repayments are Included<br><input type="checkbox"/> |                                                            |                                            |                                                   |                                                                                                                                                       |
| Year ended December 31, 2010                                                                  | \$ 77,233                                                  | 404                                        | -                                                 | -                                                                                                                                                     |
| Year ended December 31, 2009                                                                  | -                                                          | 30,949                                     | -                                                 | -                                                                                                                                                     |

See Independent Auditors' Report.

**Dental One, Inc.**  
**401(k) Plan**

*Financial Statements*

December 31, 2010 and 2009  
(With Independent Auditors' Report Thereon)



**DENTAL ONE, INC.**  
**401(k) PLAN**

**FINANCIAL STATEMENTS**

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## **INDEPENDENT AUDITORS' REPORT**

Management and Plan Trustees  
Dental One, Inc.  
401(k) Plan

We were engaged to audit the financial statements of the Dental One, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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, 2010 and 2009, and for the year ended December 31, 2010, 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, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements. The form and content of the information included in the financial statements and supplemental schedules, 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 and, in our opinion are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As discussed in Note 9 to the financial statements, the Plan has not appropriately filed its 2010 Form 5500. The form was initially filed without the required audited financial statements as of and for the year ended December 31, 2010.

A handwritten signature in black ink that reads "Finley &amp; Cook, PLLC". The signature is written in a cursive, flowing style.

Shawnee, Oklahoma  
January 4, 2012

**DENTAL ONE, INC.**  
**401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

| <i>December 31,</i>                           | <i>2010</i>                | <i>2009</i>             |
|-----------------------------------------------|----------------------------|-------------------------|
| <b>Assets</b>                                 |                            |                         |
| Investments, at fair value:                   |                            |                         |
| Self-directed accounts:                       |                            |                         |
| Common stocks                                 | \$ 135,741                 | 66,312                  |
| Mutual funds                                  | 6,252                      | 1,901                   |
| Money market accounts                         | 175,139                    | 185,444                 |
| Total self-directed accounts                  | <u>317,132</u>             | <u>253,657</u>          |
| Common/collective funds                       | 555,242                    | 651,873                 |
| Mutual funds                                  | <u>5,451,249</u>           | <u>4,603,342</u>        |
| Total investments, at fair value              | <u>6,323,623</u>           | <u>5,508,872</u>        |
| Receivables:                                  |                            |                         |
| Participants' contributions                   | 90,357                     | 75,551                  |
| Employer's contributions                      | <u>7,155</u>               | <u>13,303</u>           |
| Total receivables                             | <u>97,512</u>              | <u>88,854</u>           |
| Total assets                                  | <u>6,421,135</u>           | <u>5,597,726</u>        |
| <b>Liabilities</b>                            | <u>-</u>                   | <u>-</u>                |
| <b>Net assets available for plan benefits</b> | <b><u>\$ 6,421,135</u></b> | <b><u>5,597,726</u></b> |

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

*Year Ended December 31, 2010*

**Additions to net assets attributed to:**

Investment income:

|                                                |                |
|------------------------------------------------|----------------|
| Dividends and interest                         | \$ 74,514      |
| Net appreciation in fair value of investments: |                |
| Common/collective funds                        | 13,741         |
| Mutual funds                                   | 525,064        |
| Self-directed accounts                         | 20,665         |
| Total investment income                        | <u>633,984</u> |

Contributions:

|                     |                  |
|---------------------|------------------|
| Participants'       | 946,794          |
| Employer's          | 82,185           |
| Rollover            | 2,833            |
| Total contributions | <u>1,031,812</u> |

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>1,665,796</u> |
|------------------------|------------------|

**Deductions in net assets attributed to:**

|                               |                |
|-------------------------------|----------------|
| Distributions to participants | 605,101        |
| Other expenses                | 4,585          |
| Transfers                     | <u>232,701</u> |
| <b>Total deductions</b>       | <u>842,387</u> |

|                                                                   |         |
|-------------------------------------------------------------------|---------|
| <b>Net increase in net assets<br/>available for plan benefits</b> | 823,409 |
|-------------------------------------------------------------------|---------|

Net assets available for plan benefits:

|                   |                     |
|-------------------|---------------------|
| Beginning of year | <u>5,597,726</u>    |
| End of year       | <u>\$ 6,421,135</u> |

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2010 and 2009**

---

**(1) DESCRIPTION OF THE PLAN**

The following brief description of the Dental One, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution plan covering substantially all employees of Dental One, Inc. (the “Company”) who are at least 21 years of age and have completed 500 hours of service within a 6-month time period with commencement dates of January 1 or July 1. If an employee does not meet the 500 hours within those commencement dates, the employee must have completed 1,000 hours of service during the plan year. The purpose of the Plan is to provide retirement benefits and permit employees to systematically save a portion of their compensation and defer federal income taxes on that portion. It is subject to the applicable regulations of the Internal Revenue Code of 1986, as amended (the “Code”) and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). All of the Plan’s investment fund options are participant directed.

**Contributions**

Prior to October 1, 2010, the Company matched 50% of up to 4% of an employee’s elected deferrals of total compensation. Effective October 1, 2010, the Plan was amended to make company matching contributions discretionary. On October 1, 2010, company matching contributions were suspended and have not been resumed. The Plan permits participants to make deferrals up to the annual maximum allowed by the Internal Revenue Service and allows “rollover” contributions from other qualified plans.

**Participant Accounts/Investment Options**

Separate participant accounts are maintained for each fund in which the participants elect to invest. Participants’ accounts are credited with participants’ contributions, the Company’s contributions, and plan earnings. Investments are directed, at the discretion of the participant, into any of the different mutual funds offered by Wells Fargo Company.

See Independent Auditors’ Report.

DENTAL ONE, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(1) **DESCRIPTION OF THE PLAN, CONTINUED**

**Vesting**

Participants are at all times 100% vested in their contributions and the earnings thereof. Participants are proportionally vested in employer contributions and earnings based upon years of service, defined as follows:

|                 |      |
|-----------------|------|
| 1 year or less  | 0%   |
| 2 years         | 20%  |
| 3 years         | 40%  |
| 4 years         | 60%  |
| 5 years         | 80%  |
| 6 years or more | 100% |

The participants must complete at least 1,000 hours of service during a plan year to receive vested credit.

**Participant Borrowing**

The Plan does not allow participants to borrow on their account.

**Distributions/Benefits**

Distributions from the Plan may be made in lump sums or installments for required minimum distributions. A terminating member of the Plan is paid the current value of his or her contributions to the Plan, but will forfeit all employer contributions to the extent they are nonvested. As of December 31, 2010 and 2009, there was approximately \$956,000 and \$736,000, respectively, of unpaid deferred vested benefits to participants no longer in the Plan.

The Plan allows hardship distributions from the participants' elective deferral accounts.

**Forfeitures**

Employer contributions and earnings thereon which become forfeited as a result of any of the benefit payment or withdrawal provisions of the Plan shall be used to reduce the contribution of the employer for the year in which the forfeitures occur. As of December 31, 2010 and 2009, unallocated forfeitures in the Plan approximated \$2,000 and \$6,000, respectively.

See Independent Auditors' Report.

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(1) DESCRIPTION OF THE PLAN, CONTINUED**

**Plan Termination**

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

**Administrative Costs**

The Company absorbs a portion of the Plan's administrative costs. The remaining plan costs are allocated to each participant's account. In addition, fees are assessed on employee-directed transactions within the Plan and are charged to the individual's account.

**(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements of the Plan present the net assets available for plan benefits and changes in those net assets. They have been prepared on the accrual basis of accounting.

**Use of Estimates**

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

**Investments**

Investments in common/collective funds and mutual funds are carried at fair value, based on quoted market prices of the underlying investments or quoted market prices for investments similar to the underlying investments included in the respective fund. Investment in self-directed accounts are carried at fair value and determined by quoted market prices of the underlying assets. Purchases and sales of investments are recorded on the trade-date basis.

**Income Recognition**

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

See Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Payment of Benefits**

Benefits are recorded when paid.

**Transfers**

Transfers represent account balances of participants who have transferred to Dental Care Partners, Inc. Retirement Savings Plan, a related entity of the Company. These participants were transferred due to the Company selling several of their divisions to the related party.

**Risks and Uncertainties**

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 plan benefits.

**Recent Accounting Pronouncement**

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update No. 2010-06, "Improving Disclosures about Fair Value Measurements" (ASU 2010-06), which amends *Accounting Standards Codification* 820, "Fair Value Measurements and Disclosures" (ASC 820), to require a number of additional disclosures regarding fair value measurements. Specifically, entities are required to disclose: the amount of significant transfers between Level 1 and Level 2 of the fair value hierarchy and the reasons for the transfers; the reasons for any transfers in or out of Level 3; and information in the reconciliation of recurring Level 3 measurements about purchases, sales, issuances, and settlements on a gross basis. In addition to these new disclosure requirements, ASU 2010-06 also amends ASC 820 to clarify certain existing disclosure requirements. Except for the requirement to disclose information about purchases, sales, issuances, and settlements in the reconciliation of recurring Level 3 measurements on a gross basis, all the amendments to ASC 820 made by ASU 2010-06 were adopted by the Plan on January 1, 2010. The requirement to separately disclose purchases, sales, issuances, and settlements of recurring Level 3 measurements is effective for the Plan on January 1, 2011. The adoption of this disclosure-only guidance will not have an effect on the Plan's net assets or changes in net assets.

**Date of Management's Review of Subsequent Events**

Management has evaluated subsequent events through January 4, 2012, the date which the financial statements were available to be issued.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(3) INVESTMENTS**

The following presents investments, at fair value, that represent 5% or more of the Plan's net assets at December 31:

| <u>Description</u>                          | <u>Fair Value</u> |             |
|---------------------------------------------|-------------------|-------------|
|                                             | <u>2010</u>       | <u>2009</u> |
| Wells Fargo Collective Stable Return        | \$ 555,242        | 651,873     |
| American Funds Bond Fund of America         | 635,410           | 535,707     |
| Wells Fargo Advantage Dow Jones Target 2040 | 426,000           | - *         |
| Oakmark Equity & Income                     | 624,505           | 537,812     |
| Wells Fargo Advantage C&B Large Cap Value   | 733,183           | 706,284     |
| American Funds Growth Fund of America       | 1,094,479         | 954,366     |
| American Funds EuroPacific Growth           | 964,657           | 986,590     |

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\*Investment did not represent 5% or more of plan assets at indicated year end.

During 2010, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value as follows:

|                         |                   |
|-------------------------|-------------------|
| Common/collective funds | \$ 13,741         |
| Mutual funds            | 525,064           |
| Self-directed accounts  | <u>20,665</u>     |
|                         | <u>\$ 559,470</u> |

See Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

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(4) **FAIR VALUE MEASUREMENTS**

Fair value is defined 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. In estimating fair value, the Plan utilizes valuation techniques that are consistent with the market approach, the income approach, and/or the cost approach. Such valuation techniques are consistently applied. Inputs to valuation techniques include the assumptions that market participants would use in pricing an asset or liability. Fair values may not represent actual values of assets that could have been realized on the measurement date or that will be realized in the future. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

ASC 820 establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

- Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset and liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 inputs consist of unobservable inputs which are used when observable inputs are unavailable and reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

The Plan uses appropriate valuation methods based on the available inputs to measure the fair value of its assets and liabilities.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

**(4) FAIR VALUE MEASUREMENTS, CONTINUED**

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Common/Collective and Mutual Funds

The fair values of common/collective and mutual funds are based on quoted market prices of the underlying investments or quoted market prices for investments similar to the underlying investments included in the respective mutual fund.

Self-Directed Accounts

The fair values of self-directed accounts are based on quoted market prices of the underlying investments.

The fair values of financial instruments (assets) measured on a recurring basis at December 31 are as follows:

|                              |                                   | Fair Value Measurements at<br>Reporting Date Using                            |                                                           |                                                    |
|------------------------------|-----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                              |                                   | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <u>2010</u>                  | <u>Measured at<br/>Fair Value</u> |                                                                               |                                                           |                                                    |
| Common/collective funds      | \$ 555,242                        | -                                                                             | 555,242                                                   | -                                                  |
| Mutual funds                 | 5,451,249                         | -                                                                             | 5,451,249                                                 | -                                                  |
| Self-directed accounts:      |                                   |                                                                               |                                                           |                                                    |
| Common stocks                | 135,741                           | 135,741                                                                       | -                                                         | -                                                  |
| Mutual funds                 | 6,252                             | 6,252                                                                         | -                                                         | -                                                  |
| Money market accounts        | 175,139                           | 175,139                                                                       | -                                                         | -                                                  |
| Total self-directed accounts | 317,132                           | 317,132                                                                       | -                                                         | -                                                  |
|                              | <u>\$ 6,323,623</u>               | <u>317,132</u>                                                                | <u>6,006,491</u>                                          | <u>-</u>                                           |

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

**(4) FAIR VALUE MEASUREMENTS, CONTINUED**

|                              |                                  | Fair Value Measurements at<br>Reporting Date Using                            |                                                           |                                                    |
|------------------------------|----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                              |                                  | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <u>2009</u>                  | Measured at<br><u>Fair Value</u> |                                                                               |                                                           |                                                    |
| Common/collective funds      | \$ 651,873                       | -                                                                             | 651,873                                                   | -                                                  |
| Mutual funds                 | 4,603,342                        | -                                                                             | 4,603,342                                                 | -                                                  |
| Self-directed accounts:      |                                  |                                                                               |                                                           |                                                    |
| Common stocks                | 66,312                           | 66,312                                                                        | -                                                         | -                                                  |
| Mutual funds                 | 1,901                            | 1,901                                                                         | -                                                         | -                                                  |
| Money market accounts        | 185,444                          | 185,444                                                                       | -                                                         | -                                                  |
| Total self-directed accounts | 253,657                          | 253,657                                                                       | -                                                         | -                                                  |
|                              | <u>\$ 5,508,872</u>              | <u>253,657</u>                                                                | <u>5,255,215</u>                                          | <u>-</u>                                           |

**(5) SELF-DIRECTED ACCOUNTS**

Activity in the self-directed accounts during 2010 and 2009 was as follows:

|                                    | <u>2010</u>       | <u>2009</u>    |
|------------------------------------|-------------------|----------------|
| Balance at beginning of year       | \$ 253,657        | 130,218        |
| Transfers in                       | 158,661           | 107,179        |
| Transfers out                      | (113,501)         | -              |
| Realized and unrealized gains, net | 20,665            | 17,203         |
| Administrative expenses            | (2,350)           | (943)          |
| Balance at end of year             | <u>\$ 317,132</u> | <u>253,657</u> |

See Independent Auditors' Report.

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(6) TAX STATUS**

The Internal Revenue Service has determined and informed the trustee by a letter dated August 30, 2001, that the prototype plan under which the Plan operates is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States 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 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 and 2009, there were no uncertain tax 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 period in progress.

**(7) INFORMATION CERTIFIED BY PLAN TRUSTEE**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments as shown in the statements of net assets available for plan benefits as of December 31, 2010 and 2009.
- Investment activity as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2010.
- Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2010, as shown on the supplemental Schedule I.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS, CONTINUED**

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**(8) PROHIBITED TRANSACTIONS**

During the year ended December 31, 2010, the plan sponsor did not timely remit participant withholdings of \$77,637 to the trustee of the Plan. This untimely submission constituted a prohibited transaction as defined by ERISA. The plan sponsor had remitted late contributions of \$404 during the year ended December 31, 2010, to the trustee. The remaining \$77,233 of late contributions was remitted in 2011 to the trustee. The related interest and excise taxes of \$15 have been paid on the late payments of \$404. Interest and late payments on the balance of \$77,233 had not been paid as of December 31, 2010.

**(9) CONTINGENCIES**

The Plan has not appropriately filed its 2010 Form 5500. The form was initially filed without the required audited financial statements as of and for the year ended December 31, 2010. The Plan has not received any notification of penalties to be assessed as a result of the incomplete filing of the Form 5500; however, penalties could be assessed in the future.

**(10) SUBSEQUENT EVENT**

Effective October 1, 2011, the Plan was merged with Dental Care Partners, Inc. Retirement Savings Plan, a related entity of the Company. As a result of the merger, plan assets were transferred to a new trustee.

See Independent Auditors' Report.

**DENTAL ONE, INC.**  
**401(k) PLAN**

**Form 5500, Schedule H, Line 4i—**  
**Schedule of Assets (Held at End of Year)**

*December 31, 2010*

| (a)                                                             | (b)<br><br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br><br>Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par, or maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|-----------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>Participant-Directed Common/Collective Funds</b>             |                                                                        |                                                                                                                             |                 |                             |
| *                                                               | Wells Fargo Collective Stable Return                                   | Mutual fund                                                                                                                 | N/A             | \$ 555,242                  |
| <b>Subtotal of participant-directed common/collective funds</b> |                                                                        |                                                                                                                             | N/A             | 555,242                     |
| <b>Participant-Directed Mutual Funds</b>                        |                                                                        |                                                                                                                             |                 |                             |
|                                                                 | American Funds Bond Fund of America                                    | Mutual fund                                                                                                                 | N/A             | 635,410                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target Today                           | Mutual fund                                                                                                                 | N/A             | 32,061                      |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2010                            | Mutual fund                                                                                                                 | N/A             | 13,632                      |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2020                            | Mutual fund                                                                                                                 | N/A             | 111,574                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2030                            | Mutual fund                                                                                                                 | N/A             | 113,986                     |
| *                                                               | Wells Fargo Advantage Dow Jones Target 2040                            | Mutual fund                                                                                                                 | N/A             | 426,000                     |
|                                                                 | Oakmark Equity & Income                                                | Mutual fund                                                                                                                 | N/A             | 624,505                     |
| *                                                               | Wells Fargo Advantage C&B Large Cap Value                              | Mutual fund                                                                                                                 | N/A             | 733,183                     |
|                                                                 | Davis New York Venture                                                 | Mutual fund                                                                                                                 | N/A             | 92,130                      |
|                                                                 | American Funds Growth Fund of America                                  | Mutual fund                                                                                                                 | N/A             | 1,094,479                   |
| *                                                               | Wells Fargo Advantage Mid Cap Disciplined                              | Mutual fund                                                                                                                 | N/A             | 195,097                     |
|                                                                 | Baron Asset                                                            | Mutual fund                                                                                                                 | N/A             | 34,021                      |
|                                                                 | Delaware Small Cap Value                                               | Mutual fund                                                                                                                 | N/A             | 262,608                     |
|                                                                 | Hartford Small Company HLS                                             | Mutual fund                                                                                                                 | N/A             | 117,906                     |
|                                                                 | American Funds EuroPacific Growth                                      | Mutual fund                                                                                                                 | N/A             | 964,657                     |
| <b>Subtotal of participant-directed mutual funds</b>            |                                                                        |                                                                                                                             | N/A             | 5,451,249                   |

(Continued)

See Independent Auditors' Report.

DENTAL ONE, INC.  
401(k) PLAN

Form 5500, Schedule H, Line 4i—

**Schedule of Assets (Held at End of Year), Continued**

December 31, 2010

| (a)                                            | (b)<br><br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br><br>Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par, or maturity value | (d)<br><br>Cost | (e)<br><br>Current<br>value |
|------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>Self-Directed Accounts</b>                  |                                                                        |                                                                                                                             |                 |                             |
|                                                | <b>Common stocks:</b>                                                  |                                                                                                                             |                 |                             |
|                                                | Abbott Laboratories                                                    | Common stock                                                                                                                | N/A             | 2,395                       |
|                                                | Agree Realty Corp                                                      | Common stock                                                                                                                | N/A             | 2,619                       |
|                                                | American Superconductor Corp                                           | Common stock                                                                                                                | N/A             | 2,859                       |
|                                                | Citigroup Inc.                                                         | Common stock                                                                                                                | N/A             | 2,365                       |
|                                                | Clean Energy Fuels Corp                                                | Common stock                                                                                                                | N/A             | 1,384                       |
|                                                | Flowserve Corp                                                         | Common stock                                                                                                                | N/A             | 1,788                       |
|                                                | Gastar Exploration Ltd.                                                | Common stock                                                                                                                | N/A             | 1,419                       |
|                                                | Permian Basin Royalty Trust                                            | Common stock                                                                                                                | N/A             | 3,502                       |
|                                                | Sandridge Energy Inc.                                                  | Common stock                                                                                                                | N/A             | 4,026                       |
|                                                | Silver Wheaton Corp                                                    | Common stock                                                                                                                | N/A             | 11,712                      |
|                                                | Telefonica SA                                                          | Common stock                                                                                                                | N/A             | 2,053                       |
|                                                | Visa Inc.                                                              | Common stock                                                                                                                | N/A             | 79,529                      |
|                                                | Western Refining Inc.                                                  | Common stock                                                                                                                | N/A             | 4,497                       |
|                                                | Westport Innovations Inc.                                              | Common stock                                                                                                                | N/A             | 1,852                       |
|                                                | Exxon Mobil Corp                                                       | Common stock                                                                                                                | N/A             | 2,593                       |
|                                                | ONEOK Partners LP                                                      | Common stock                                                                                                                | N/A             | 6,258                       |
|                                                | Williams Partners LP                                                   | Common stock                                                                                                                | NA              | 4,890                       |
| <b>Subtotal of self-directed common stocks</b> |                                                                        |                                                                                                                             | N/A             | 135,741                     |
|                                                | <b>Mutual funds:</b>                                                   |                                                                                                                             |                 |                             |
|                                                | Blackrock Real Asset Equity Trust                                      | Mutual fund                                                                                                                 | NA              | 6,252                       |
| <b>Subtotal of self-directed mutual funds</b>  |                                                                        |                                                                                                                             | N/A             | 6,252                       |
|                                                | <b>Money market</b>                                                    |                                                                                                                             |                 |                             |
|                                                |                                                                        | Money market                                                                                                                | N/A             | 175,139                     |
| <b>Subtotal of self-directed money market</b>  |                                                                        |                                                                                                                             | N/A             | 175,139                     |
| <b>Subtotal of self-directed accounts</b>      |                                                                        |                                                                                                                             | N/A             | 317,132                     |
| <b>TOTAL INVESTMENTS</b>                       |                                                                        |                                                                                                                             |                 | <b><u>\$ 6,323,623</u></b>  |

\* Indicates a party-in-interest, as mutual funds and the market account are managed by Wells Fargo.

N/A—Not applicable, as investments are participant or self directed.

See Independent Auditors' Report.

DENTAL ONE, INC.  
401(k) PLAN

Form 5500, Schedule H, Line 4a—  
Schedule of Delinquent Participant Contributions

Year Ended December 31, 2010

| Participant Contributions<br>Transferred Late to Plan                                         | Total That Constitute Nonexempt<br>Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected Under<br>Voluntary<br>Fiduciary<br>Corrections<br>Program<br>(VFCP) and<br>Prohibited<br>Transaction<br>Exemption<br>2002-51 |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                               | Contributions<br>Not Corrected                             | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                                                                                                                       |
| Check Here<br>If Late Participant Loan<br>Repayments are Included<br><input type="checkbox"/> |                                                            |                                            |                                                   |                                                                                                                                                       |
| Year ended December 31, 2010                                                                  | \$ 77,233                                                  | 404                                        | -                                                 | -                                                                                                                                                     |
| Year ended December 31, 2009                                                                  | -                                                          | 30,949                                     | -                                                 | -                                                                                                                                                     |

See Independent Auditors' Report.

**Attachment to 2010 Form 5500**  
**Schedule H, line 4a - Schedule of Delinquent Participant Contributions**

**Plan Name** DENTAL ONE, INC. 401(k) PLAN

**EIN:** 75-2868131

**Plan Sponsor's Name** DENTAL ONE, INC.

**PN:** 001

| Total that Constitute Nonexempt Prohibited Transactions                                  |                             |                                      |                                          |                                                  |
|------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Participant Contributions Transferred Late to Plan                                       | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| Check here if Late Participant Loan Repayments are included:<br><input type="checkbox"/> | 77,233                      | 31,353                               | 0                                        | 0                                                |