Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DENTAL CARE ALLIANCE

6240 LAKE OSPREY DRIVE
SARASOTA, FL 34240

2b Employer Identification Number (EIN)
82-0580763

2c Plan Sponsor's telephone number
914-955-3150

2d Business code (see instructions)
621210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	STEVEN DUVAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	2961
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2342
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1872
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	940
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2812
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2812
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2677
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	275
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
82-0580763

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	YH1210	2812	12/18/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	6325528
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	28250		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4452		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	6315383		
	▶ TRANSFER OF ASSETS LOAN REPYMTS				
	(6) Total additions			7c(6)	6348085
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6348085
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	552		
	(2) Administration charge made by carrier	7e(2)	19		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	21986		
	▶ INTERFUND EXCHANGE NEW LOANS ISSUED				
	(5) Total deductions			7e(5)	22557
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6325528

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
82-0580763

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-822901	0	01/01/2015	12/18/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
85250	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY INS SERVICES, INC.
1 NEW YORK PLAZA FLOOR 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85250			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	6188547
c	Additions: (1) Contributions deposited during the year	7c(1)	650682		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	177581		
	(4) Transferred from separate account	7c(4)	66837		
	(5) Other (specify below)	7c(5)	212236		
	▶ LOAN REPYMTS ACQUISITION FORFEITURES				
	(6) Total additions			7c(6)	1107336
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	7295883
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	599697		
	(2) Administration charge made by carrier	7e(2)	1349		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	6694837		
	▶ LOAN WITHDRAWALS MISC ADJ TRANSFER OF ASSETS				
	(5) Total deductions			7e(5)	7295883
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan	B Three-digit plan number (PN) ▶	
DENTAL CARE ALLIANCE 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
DENTAL CARE ALLIANCE	82-0580763	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Enter name and EIN or address of person who provided you disclosure 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

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)

MASSMUTUAL LIFE INSURANCE COMPANY

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	SERVICE PROVIDER	8888	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	450	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
82-0580763

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-000	P	0

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)

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

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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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
82-0580763

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	964681	857253
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	35610576	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	37367210
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6188547	6325528
(15) Other	1c(15)	484779	544727

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	43248583	45094718
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	43248583	45094718

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	810343	
(B) Participants	2a(1)(B)	5528143	
(C) Others (including rollovers)	2a(1)(C)	314809	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6653295
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	41876	
(F) Other	2b(1)(F)	177591	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		219467
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20506	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20506
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-836412
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		469960
c Other income	2c		6991
d Total income. Add all **income** amounts in column (b) and enter total	2d		6533807
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4680752	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4680752
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6920	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6920
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4687672
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1846135
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
82-0580763

Part I Distributions

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

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

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

EIN(s): 71-0294708 04-1590850

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

DENTAL CARE ALLIANCE 401(k) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

As of December 31, 2015 and 2014 and for the Year Ended December 31, 2015

And Report of Independent Auditor

Cherry Bekaert LLP
CPAs & Advisors

DENTAL CARE ALLIANCE 401(k) PLAN

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

Cherry Bekaert LLP
CPAs & Advisors

Report of Independent Auditor

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dental Care Alliance 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("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 3, which was certified by Hartford Life Insurance Company and Voya Institutional Trust Company (the "Trustees"), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that Voya Institutional Trust Company holds the Plan's investment assets and executes investment transactions as of December 31, 2015 and for the period from December 15, 2015 to December 31, 2015 and that Hartford Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2014 and for the period from January 1, 2014 to December 15, 2015. The Plan Administrator has obtained a certification from the Trustees as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Cherry Bekaert LLP

Tampa, Florida
October 12, 2016

DENTAL CARE ALLIANCE 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments:		
Mutual funds, at fair value	$ 37,271,595	$ -
Common collective trust, at fair value	95,615	-
Self-directed brokerage accounts, at fair value	544,727	484,779
Fully benefit-responsive investment contract, at contract value	6,325,528	-
Investment contract with insurance company:		
Fully benefit-responsive investment contract, at contract value	-	6,188,548
Pooled separate accounts, at fair value	-	35,610,575
Total investments	44,237,465	42,283,902
Receivables:		
Participant	-	156,927
Notes receivable from participants	857,253	964,681
Total receivables	857,253	1,121,608
Total assets	45,094,718	43,405,510
LIABILITIES		
Excess contributions payable	39,898	66,879
Other payable	-	9,498
Total liabilities	39,898	76,377
Net assets available for benefits	$ 45,054,820	$ 43,329,133

See notes to the financial statements.

DENTAL CARE ALLIANCE 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

Additions to net assets attributed to:		
Interest and dividends	$	1,243,003
Contributions:		
Participants		5,331,318
Employer		810,343
Rollovers		314,809
Total contributions		6,456,470
Interest income on notes receivable from participants		41,876
Total additions		7,741,349
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		1,404,367
Benefits paid to participants		4,604,375
Administrative expenses		6,920
Total deductions		6,015,662
Net increase in net assets available for benefits		1,725,687
Net assets available for benefits, beginning of year		43,329,133
Net assets available for benefits, end of year	$	45,054,820

See notes to the financial statements.

Note 1—Plan description

The Dental Care Alliance 401(k) Plan (the "Plan") was established on January 1, 2002, and was restated effective December 15, 2015 when the trustee for the Plan was changed from Hartford Life Insurance Company to Voya Institutional Trust Company (the "Trustees"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is sponsored by Dental Care Alliance, LLC (the "Company" and "Plan Sponsor"). The Plan is a defined contribution plan covering all active employees and affiliates of the Company. The following is a summary of major plan provisions. Participants should refer to the Plan document for more information.

Participation - The Plan is available to employees who have attained the age of 18 and completed three months of service.

Contributions - Salary deferral contributions are made by participating employees via payroll deductions in amounts authorized by the individual employees on either a pre-tax or after tax basis. Non-highly compensated participants may contribute up to 100% of annual compensation and highly compensated employees may contribute up to 15% of annual compensation, as defined in the Plan, subject to Internal Revenue Code ("IRC") limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions.

Unless the participant elects otherwise, the Plan automatically enrolls eligible employees into the Plan at a 2% contribution rate of their eligible compensation, as defined, which automatically increases 1% annually, to a maximum contribution rate of 6%, unless another contribution rate is elected by the participant.

The Company may, at its discretion, make a matching contribution equal to 25% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide additional discretionary profit-sharing contributions to those employees who have completed 1,000 hours of service during the Plan year. The Company's matching contributions were $986,292 (including $175,949 in forfeitures used to reduce payments by the Company) for the year ended December 31, 2015. The Company made no additional discretionary profit-sharing contributions during the year ended December 31, 2015.

Participant Accounts - Each participant's account is adjusted for distributions to the participant, participants' contributions, employer-matching contributions, and Plan earnings (losses), as well as a portion of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the Trustee of the Plan's assets. Participants direct the investment of their accounts among the investment funds allowed under the Plan.

Payment of Benefits - Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, annual installments over the life of the participant and spouse, or installments over a period of time not to exceed the assumed life expectancy of the participant or spouse. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when processed and paid by the Plan.

Payments under the Plan's hardship provision result in a suspension of contributions to the Plan for a period of six months.

Note 1—Plan description (continued)

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Upon employee normal retirement, death or disability, or termination of the Plan, the employer matching contributions become 100% vested. Otherwise, participants are vested in employer matching contributions and actual earnings thereon based upon years of service defined in the Plan, as follows:

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

Notes Receivable from Participants - Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000, less the participant's highest outstanding loan amount during the prior 12 months. Loan terms generally range from one to five years, although, they can be extended up to 30 years for the purchase of a primary residence. During 2015, the Plan's loan provision was modified to reduce the amount of notes receivable a participant may have outstanding at any one time from two to one.

The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined annually by the Plan Administrator (4.25% during both of the years ended December 31, 2015 and 2014). Principal and interest is collected ratably through payroll deductions. Loans to Plan participants are valued at cost plus accrued interest.

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

Forfeitures - Forfeited amounts arising under the Plan may be used to reduce future employer contributions to the Plan. Forfeitures may also be used to offset Plan administration expenses and/or allocated to participant accounts. In accordance with ERISA, this amount must be held until the participant has incurred a five year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2015, forfeitures of approximately $175,900 were used to reduce employer contributions and approximately $1,200 were used to pay the Plan's administrative expenses. At December 31, 2015 and 2014, forfeited nonvested accounts available for future use totaled approximately $153,200 and $105,900, respectively.

Note 2—Summary of accounting policies

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

Change in Accounting Principles - In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Part I Fully Benefit-Responsive Investment Contracts, Part II Plan Investment Disclosures, Part III Measurement Date Practical Expedient*. Part I eliminates the requirements to measure, the fair value of fully benefit-responsive investment contracts ("FBRIC"), modifies certain disclosures and also clarifies the definition of FBRICs. Contract value is now the only required measure for FBRICs. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investment by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Part III is not currently applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. As permitted, the Plan has elected early adoption of Parts I and II and has applied the ASU retrospectively for all periods presented. Adoption of the ASU resulted in the retrospective reclassification from fair value to contract value for the FBRIC within the statement of net assets available for benefits as of December 31, 2014 (fair value approximated contract value) and removal of the investment contract from the fair value hierarchy table in Note 4.

In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This ASU exempts investments measured using the Net Asset Value ("NAV") practical expedient from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for the Plan for years beginning after December 15, 2016. As permitted, the Plan has elected early adoption and has applied the ASU retrospectively for all periods presented. Accordingly, investments measured using the NAV practical expedient have been removed from the categorization in the 2015 and 2014 disclosure of the fair value hierarchy.

Investments, Investment Valuation, and Income Recognition - Investments are reported at fair value with the exception of FBRICs which are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to FBRICs because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan has an investment in a guaranteed investment contract with Voya Institutional Trust Company as of December 31, 2015 and with Hartford Life Insurance Company as of December 31, 2014 which are considered fully benefit-responsive (see Note 5).

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value determinations are made based upon a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Note 2—Summary of accounting policies (continued)

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

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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

Mutual Funds - These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Common Collective Trust - The investments are investment vehicles valued using the NAV provided by the administrator of the fund, as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. This investment valued at NAV as a practical expedient is excluded from the valuation hierarchy consistent with ASU 2015-07.

Self-directed Brokerage Accounts - Assets held in self-directed brokerage accounts are derived from quoted prices in an active market. These securities are classified within Level 1 of the valuation hierarchy.

Pooled Separate Accounts - These investments are investment vehicles valued using the NAV provided by the administrator of the pooled separate accounts, as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments, most of which are traded on an active market and the balance of which are traded on secondary markets. This investment valued at NAV as a practical expedient is excluded from the valuation hierarchy consistent with ASU 2015-07.

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

Note 2—Summary of accounting policies (continued)

Administrative Expenses - As provided by the Plan document, certain administrative expenses of the Plan are allocated to the participants and the remainder is paid by the Plan Sponsor. Certain expenses associated with the administration of the Plan are paid through offsets and/or payments which may be attributable to the annual operating expenses of one or more of the Plan's designated investment options. These payments are credited to the Plan and are available to pay future Plan administrative expenses. During the year ended December 31, 2015, the Company paid approximately $22,200 in administrative expenses on behalf of the Plan.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events - Management has evaluated subsequent events through October 12, 2016 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Note 3—Information provided and certified by the Trustees (unaudited)

The following information included in the accompanying financial statements as of December 31, 2015 and 2014 and for the year ended December 31, 2015, and the supplemental schedule as of December 31, 2015 was obtained from data that has been prepared and certified to as complete and accurate by the Trustees, as permitted by Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2015	2014
Investments:		
Mutual funds, at fair value	$ 37,271,595	$ -
Common collective trust, at fair value	95,615	-
Self-directed brokerage account, at fair value	544,727	484,779
Fully benefit-responsive investment contract, at contract value	6,325,528	-
Investment contract with insurance company:		
Fully benefit-responsive investment contract, at contract value	-	6,188,548
Pooled separate accounts, at fair value	-	35,610,575
Total investments	$ 44,237,465	$ 42,283,902

Note 3—Information provided and certified by the Trustees (unaudited) (continued)

	Year Ended December 31, 2015
Net depreciation in fair value of investments	$ (1,404,367)
Interest and dividends on investments	$ 1,243,003

The Plan offers participants the opportunity to invest in a self-directed brokerage account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. At December 31, 2015 and 2014, the self-directed account balance was $544,727 and $484,779, respectively.

Note 4—Fair value measurements

Following is a summary of the fair value of the Plan's investments based upon fair value hierarchy as discussed in Note 2:

	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds [(a)]	$ 37,271,595	$ -	$ -	$ 37,271,595
Self-directed accounts [(a)]	544,727	-	-	544,727
Total assets, in fair value hierarchy	$ 37,816,322	$ -	$ -	37,816,322
Common Collective Trust measured at net asset value [(a) (b)]				95,615
Total investments, at fair value				$ 37,911,937

	Assets at Fair Value as of December 31, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed accounts [(a)]	$ 484,779	$ -	$ -	$ 484,779
Pooled separate accounts measured at net asset value [(a) (b)]				35,610,575
Total investments, at fair value				$ 36,095,354

(a) Amounts are unaudited. See Note 4.

(b) In accordance with ASU 2015-07, certain investments that are measured at NAV per share as a practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4—Fair value measurements (continued)

The following summarizes information associated with the Plan's investments measured at fair value based on NAV per share as of December 31, 2015 and 2014:

As of December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Vanguard Federal Money Market Fund [(c)]	$ 95,615	None	Daily	None

As of December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts [(d)]	$ 35,610,575	None	Daily	None

(c) The primary investment objective of the Vanguard Federal Money Market Fund is to invest primarily in high-quality, short-term money market instruments. The investment seeks to provide current income while maintaining liquidity and a stable share price of $1.

(d) Pooled Separate Accounts are intended to mirror the rate of return of the underlying mutual funds in which the Pooled Separate Account is invested.

Note 5—Fully benefit-responsive contracts

The Plan has invested in investment contracts through the insurance and annuity companies of the Plan's respective Trustees during the years ended December 31, 2015 and 2014. These investment contracts allowed participants to invest in the Voya Fixed Account as of December 31, 2015 ($6,325,528) and for the period from December 15, 2015 to December 31, 2015 and the Hartford Fixed Account as of December 31, 2014 ($6,188,548) and for the period from January 1, 2014 to December 15, 2015.

The primary investment objective of the Voya Fixed Account is to be a long-term investment for participants seeking stability of principal. The Voya Fixed Account is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company.

The primary investment objective of the Hartford Fixed Account is to provide a competitive credited rate of interest while providing a minimum guaranteed interest rate over the lifetime of the contract. The fund is backed by a diversified portfolio of fixed-income assets held in the general account of Hartford Life Insurance Company.

These fixed accounts have been determined to be fully benefit-responsive. As a result of the contracts being fully benefit-responsive, the contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the investment contracts. Contract value, as reported to the Plan by their respective Trustees, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Note 5—Fully benefit-responsive contracts (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6—Excess contributions payable

Contributions received from participants for 2015 and 2014 are net of repayments of $39,898 and $66,879, respectively, made in 2016 and 2015, respectively, to certain active participants for the return of excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the accompanying statements of net assets available for benefits as excess contributions payable at December 31, 2015 and 2014.

Note 7—Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 1, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8—Plan termination

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

Note 9—Party-in-interest transactions

Certain Plan investments were managed by the Trustees throughout the year; therefore, these investment transactions qualify as party-in-interest transactions. The supplemental Schedule of Assets (Held at End of Year) identifies these investments as of December 31, 2015. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 10—Risks and uncertainties

The Plan provides for various investment options in any combination of mutual funds, fixed accounts, pooled separate accounts, and self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Note 11—Reconciliation of the financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to net assets available for benefits in Form 5500:

	December 31,	
	2015	**2014**
Net assets available for benefits per the financial statements	$ 45,054,820	$ 43,329,133
Add: Excess contributions payable	39,898	66,879
Add: Other payable	-	9,498
Less: Participant receivable	-	(156,927)
Total net assets available for benefits per the Form 5500	$ 45,094,718	$ 43,248,583

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2015 to net increase in net assets available for benefits in Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 1,725,687
Add: Excess contribution payable, December 31, 2015	39,898
Less: Excess contribution payable, December 31, 2014	(66,879)
Less: Other payable, December 31, 2014	(9,498)
Add: Participant receivable, December 31, 2014	156,927
Net increase in net assets available for benefits per the Form 5500	$ 1,846,135

SUPPLEMENTAL SCHEDULE

DENTAL CARE ALLIANCE 401(k) PLAN

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(PLAN NUMBER: 001, EMPLOYER IDENTIFICATION NUMBER: 82-0580763)

DECEMBER 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Cost**	**Current Value**
		Fixed Account:		
*	Voya Institutional Trust Company	Fixed account, interest bearing	**	$ 6,325,528
		Common Collective Trust:		
	Vanguard Group Inc	Vanguard Federal Money Market Fund	**	95,615
		Mutual Funds:		
	Dimensional Fund Advisors	DFA Global Equity Portfolio Institutional Class Fund	**	2,757,917
	Vanguard Group Inc	Vanguard Developed Markets Index Fund Admiral Share	**	1,668,331
	Vanguard Group Inc	Vanguard Emerging Markets Stock Ind Fnd Admiral Sha	**	2,672,426
	Vanguard Group Inc	Vanguard Extend Market Index Fund Admiral Shares	**	2,716,039
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class	**	244,425
	Dimensional Fund Advisors	DFA Commodity Strategy Portfolio Institutional Class	**	45,491
	Vanguard Group Inc	Vanguard 500 Index Fund Admiral Shares	**	9,407,696
	Dimensional Fund Advisors	Dimensional 2020 Target Date Retirement Income Fund	**	2,720,013
	Dimensional Fund Advisors	Dimensional 2030 Target Date Retirement Income Fund	**	3,783,394
	Dimensional Fund Advisors	Dimensional 2040 Target Date Retirement Income Fund	**	3,225,798
	Dimensional Fund Advisors	Dimensional 2045 Target Date Retirement Income Fund	**	89
	Dimensional Fund Advisors	Dimensional 2050 Target Date Retirement Income Fund	**	3,651,725
	Vanguard Group Inc	Vanguard Total Bond Market Index Fund Admiral Share	**	976,712
	Vanguard Group Inc	Vanguard High-Yield Corporate Fund Admiral Share	**	817,353
	Vanguard Group Inc	Vanguard Interm-Term Bond Index Fund Admiral Share	**	2,584,186
				37,271,595
		Self-directed Accounts:		
*	Voya Institutional Trust Company	Self-directed accounts	**	544,727
		Notes Receivable from Participants:		
*	Plan participants	Notes receivable from participants bearing interest at 4.25% secured by participant accounts, due at various dates through 2020	-0-	857,253
				$ 45,094,718

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

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

Attachment to 2015 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

Dental Care Alliance 401(k) Plan

EIN# 820580763

Plan# 001

As Of December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	DFA Commodity Strategy Prt Ins	Registered Investment Company		$45,491
	DFA Global Equity Port Inst	Registered Investment Company		$2,757,917
	DFA Real Estate Secs Port Ins	Registered Investment Company		$244,425
	Dimensional 2020 Tr Dt Rt Inc	Registered Investment Company		$2,720,013
	Dimensional 2030 Tr Dt Rt Inc	Registered Investment Company		$3,783,394
	Dimensional 2040 Tr Dt Rt Inc	Registered Investment Company		$3,225,798
	Dimensional 2045 Tr Dt Rt Inc	Registered Investment Company		$89
	Dimensional 2050 Tr Dt Rt Inc	Registered Investment Company		$3,651,725
	TD AMERITRADE SDBA	Self Directed Brokerage Account		$544,727
	Vangrd 500 Index Fund Adm	Registered Investment Company		$9,407,696
	Vangrd Dev Mkts Index Fd Adm	Registered Investment Company		$1,668,331
	Vangrd Em Mkts Stk Ind Fd Adm	Registered Investment Company		$2,672,426
	Vangrd Ext Mkt Index Fnd Adm	Registered Investment Company		$2,716,039
	Vangrd Federal Mny Mkt Fd Inv	Registered Investment Company		$95,615
	Vangrd High-Yd Corp Fnd Adm	Registered Investment Company		$817,353
	Vangrd Int-Trm Bd Indx Fd Adm	Registered Investment Company		$2,584,185
	Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company		$976,712
*	Voya Fixed Account	Insurance Company General Account		$6,325,528
		Participant Loans - Rates 4.25% to 4.25%		$857,253
	TOTAL			$45,094,718

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

DENTAL CARE ALLIANCE 401(k) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

As of December 31, 2015 and 2014 and for the Year Ended December 31, 2015

And Report of Independent Auditor

Cherry Bekaert LLP
CPAs & Advisors

DENTAL CARE ALLIANCE 401(k) PLAN

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

Cherry Bekaert LLP
CPAs & Advisors

Report of Independent Auditor

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dental Care Alliance 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("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 3, which was certified by Hartford Life Insurance Company and Voya Institutional Trust Company (the "Trustees"), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that Voya Institutional Trust Company holds the Plan's investment assets and executes investment transactions as of December 31, 2015 and for the period from December 15, 2015 to December 31, 2015 and that Hartford Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2014 and for the period from January 1, 2014 to December 15, 2015. The Plan Administrator has obtained a certification from the Trustees as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Cherry Bekaert LLP

Tampa, Florida
October 12, 2016

DENTAL CARE ALLIANCE 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments:		
Mutual funds, at fair value	$ 37,271,595	$ -
Common collective trust, at fair value	95,615	-
Self-directed brokerage accounts, at fair value	544,727	484,779
Fully benefit-responsive investment contract, at contract value	6,325,528	-
Investment contract with insurance company:		
Fully benefit-responsive investment contract, at contract value	-	6,188,548
Pooled separate accounts, at fair value	-	35,610,575
Total investments	44,237,465	42,283,902
Receivables:		
Participant	-	156,927
Notes receivable from participants	857,253	964,681
Total receivables	857,253	1,121,608
Total assets	45,094,718	43,405,510
LIABILITIES		
Excess contributions payable	39,898	66,879
Other payable	-	9,498
Total liabilities	39,898	76,377
Net assets available for benefits	$ 45,054,820	$ 43,329,133

See notes to the financial statements.

DENTAL CARE ALLIANCE 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

Additions to net assets attributed to:		
Interest and dividends	$	1,243,003
Contributions:		
Participants		5,331,318
Employer		810,343
Rollovers		314,809
Total contributions		6,456,470
Interest income on notes receivable from participants		41,876
Total additions		7,741,349
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		1,404,367
Benefits paid to participants		4,604,375
Administrative expenses		6,920
Total deductions		6,015,662
Net increase in net assets available for benefits		1,725,687
Net assets available for benefits, beginning of year		43,329,133
Net assets available for benefits, end of year	$	45,054,820

See notes to the financial statements.

Note 1—Plan description

The Dental Care Alliance 401(k) Plan (the "Plan") was established on January 1, 2002, and was restated effective December 15, 2015 when the trustee for the Plan was changed from Hartford Life Insurance Company to Voya Institutional Trust Company (the "Trustees"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is sponsored by Dental Care Alliance, LLC (the "Company" and "Plan Sponsor"). The Plan is a defined contribution plan covering all active employees and affiliates of the Company. The following is a summary of major plan provisions. Participants should refer to the Plan document for more information.

Participation - The Plan is available to employees who have attained the age of 18 and completed three months of service.

Contributions - Salary deferral contributions are made by participating employees via payroll deductions in amounts authorized by the individual employees on either a pre-tax or after tax basis. Non-highly compensated participants may contribute up to 100% of annual compensation and highly compensated employees may contribute up to 15% of annual compensation, as defined in the Plan, subject to Internal Revenue Code ("IRC") limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions.

Unless the participant elects otherwise, the Plan automatically enrolls eligible employees into the Plan at a 2% contribution rate of their eligible compensation, as defined, which automatically increases 1% annually, to a maximum contribution rate of 6%, unless another contribution rate is elected by the participant.

The Company may, at its discretion, make a matching contribution equal to 25% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide additional discretionary profit-sharing contributions to those employees who have completed 1,000 hours of service during the Plan year. The Company's matching contributions were $986,292 (including $175,949 in forfeitures used to reduce payments by the Company) for the year ended December 31, 2015. The Company made no additional discretionary profit-sharing contributions during the year ended December 31, 2015.

Participant Accounts - Each participant's account is adjusted for distributions to the participant, participants' contributions, employer-matching contributions, and Plan earnings (losses), as well as a portion of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the Trustee of the Plan's assets. Participants direct the investment of their accounts among the investment funds allowed under the Plan.

Payment of Benefits - Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, annual installments over the life of the participant and spouse, or installments over a period of time not to exceed the assumed life expectancy of the participant or spouse. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when processed and paid by the Plan.

Payments under the Plan's hardship provision result in a suspension of contributions to the Plan for a period of six months.

Note 1—Plan description (continued)

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Upon employee normal retirement, death or disability, or termination of the Plan, the employer matching contributions become 100% vested. Otherwise, participants are vested in employer matching contributions and actual earnings thereon based upon years of service defined in the Plan, as follows:

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

Notes Receivable from Participants - Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000, less the participant's highest outstanding loan amount during the prior 12 months. Loan terms generally range from one to five years, although, they can be extended up to 30 years for the purchase of a primary residence. During 2015, the Plan's loan provision was modified to reduce the amount of notes receivable a participant may have outstanding at any one time from two to one.

The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined annually by the Plan Administrator (4.25% during both of the years ended December 31, 2015 and 2014). Principal and interest is collected ratably through payroll deductions. Loans to Plan participants are valued at cost plus accrued interest.

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

Forfeitures - Forfeited amounts arising under the Plan may be used to reduce future employer contributions to the Plan. Forfeitures may also be used to offset Plan administration expenses and/or allocated to participant accounts. In accordance with ERISA, this amount must be held until the participant has incurred a five year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2015, forfeitures of approximately $175,900 were used to reduce employer contributions and approximately $1,200 were used to pay the Plan's administrative expenses. At December 31, 2015 and 2014, forfeited nonvested accounts available for future use totaled approximately $153,200 and $105,900, respectively.

Note 2—Summary of accounting policies

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

Change in Accounting Principles - In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Part I Fully Benefit-Responsive Investment Contracts, Part II Plan Investment Disclosures, Part III Measurement Date Practical Expedient*. Part I eliminates the requirements to measure, the fair value of fully benefit-responsive investment contracts ("FBRIC"), modifies certain disclosures and also clarifies the definition of FBRICs. Contract value is now the only required measure for FBRICs. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investment by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Part III is not currently applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. As permitted, the Plan has elected early adoption of Parts I and II and has applied the ASU retrospectively for all periods presented. Adoption of the ASU resulted in the retrospective reclassification from fair value to contract value for the FBRIC within the statement of net assets available for benefits as of December 31, 2014 (fair value approximated contract value) and removal of the investment contract from the fair value hierarchy table in Note 4.

In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This ASU exempts investments measured using the Net Asset Value ("NAV") practical expedient from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for the Plan for years beginning after December 15, 2016. As permitted, the Plan has elected early adoption and has applied the ASU retrospectively for all periods presented. Accordingly, investments measured using the NAV practical expedient have been removed from the categorization in the 2015 and 2014 disclosure of the fair value hierarchy.

Investments, Investment Valuation, and Income Recognition - Investments are reported at fair value with the exception of FBRICs which are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to FBRICs because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan has an investment in a guaranteed investment contract with Voya Institutional Trust Company as of December 31, 2015 and with Hartford Life Insurance Company as of December 31, 2014 which are considered fully benefit-responsive (see Note 5).

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value determinations are made based upon a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Note 2—Summary of accounting policies (continued)

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

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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

Mutual Funds - These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Common Collective Trust - The investments are investment vehicles valued using the NAV provided by the administrator of the fund, as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. This investment valued at NAV as a practical expedient is excluded from the valuation hierarchy consistent with ASU 2015-07.

Self-directed Brokerage Accounts - Assets held in self-directed brokerage accounts are derived from quoted prices in an active market. These securities are classified within Level 1 of the valuation hierarchy.

Pooled Separate Accounts - These investments are investment vehicles valued using the NAV provided by the administrator of the pooled separate accounts, as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments, most of which are traded on an active market and the balance of which are traded on secondary markets. This investment valued at NAV as a practical expedient is excluded from the valuation hierarchy consistent with ASU 2015-07.

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

Note 2—Summary of accounting policies (continued)

Administrative Expenses - As provided by the Plan document, certain administrative expenses of the Plan are allocated to the participants and the remainder is paid by the Plan Sponsor. Certain expenses associated with the administration of the Plan are paid through offsets and/or payments which may be attributable to the annual operating expenses of one or more of the Plan's designated investment options. These payments are credited to the Plan and are available to pay future Plan administrative expenses. During the year ended December 31, 2015, the Company paid approximately $22,200 in administrative expenses on behalf of the Plan.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events - Management has evaluated subsequent events through October 12, 2016 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Note 3—Information provided and certified by the Trustees (unaudited)

The following information included in the accompanying financial statements as of December 31, 2015 and 2014 and for the year ended December 31, 2015, and the supplemental schedule as of December 31, 2015 was obtained from data that has been prepared and certified to as complete and accurate by the Trustees, as permitted by Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2015	2014
Investments:		
Mutual funds, at fair value	$ 37,271,595	$ -
Common collective trust, at fair value	95,615	-
Self-directed brokerage account, at fair value	544,727	484,779
Fully benefit-responsive investment contract, at contract value	6,325,528	-
Investment contract with insurance company:		
Fully benefit-responsive investment contract, at contract value	-	6,188,548
Pooled separate accounts, at fair value	-	35,610,575
Total investments	$ 44,237,465	$ 42,283,902

Note 3—Information provided and certified by the Trustees (unaudited) (continued)

	Year Ended December 31, 2015
Net depreciation in fair value of investments	$ (1,404,367)
Interest and dividends on investments	$ 1,243,003

The Plan offers participants the opportunity to invest in a self-directed brokerage account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. At December 31, 2015 and 2014, the self-directed account balance was $544,727 and $484,779, respectively.

Note 4—Fair value measurements

Following is a summary of the fair value of the Plan's investments based upon fair value hierarchy as discussed in Note 2:

	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds [(a)]	$ 37,271,595	$ -	$ -	$ 37,271,595
Self-directed accounts [(a)]	544,727	-	-	544,727
Total assets, in fair value hierarchy	$ 37,816,322	$ -	$ -	37,816,322
Common Collective Trust measured at net asset value [(a) (b)]				95,615
Total investments, at fair value				$ 37,911,937

	Assets at Fair Value as of December 31, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed accounts [(a)]	$ 484,779	$ -	$ -	$ 484,779
Pooled separate accounts measured at net asset value [(a) (b)]				35,610,575
Total investments, at fair value				$ 36,095,354

(a) Amounts are unaudited. See Note 4.

(b) In accordance with ASU 2015-07, certain investments that are measured at NAV per share as a practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4—Fair value measurements (continued)

The following summarizes information associated with the Plan's investments measured at fair value based on NAV per share as of December 31, 2015 and 2014:

As of December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Vanguard Federal Money Market Fund [(c)]	$ 95,615	None	Daily	None

As of December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts [(d)]	$ 35,610,575	None	Daily	None

(c) The primary investment objective of the Vanguard Federal Money Market Fund is to invest primarily in high-quality, short-term money market instruments. The investment seeks to provide current income while maintaining liquidity and a stable share price of $1.

(d) Pooled Separate Accounts are intended to mirror the rate of return of the underlying mutual funds in which the Pooled Separate Account is invested.

Note 5—Fully benefit-responsive contracts

The Plan has invested in investment contracts through the insurance and annuity companies of the Plan's respective Trustees during the years ended December 31, 2015 and 2014. These investment contracts allowed participants to invest in the Voya Fixed Account as of December 31, 2015 ($6,325,528) and for the period from December 15, 2015 to December 31, 2015 and the Hartford Fixed Account as of December 31, 2014 ($6,188,548) and for the period from January 1, 2014 to December 15, 2015.

The primary investment objective of the Voya Fixed Account is to be a long-term investment for participants seeking stability of principal. The Voya Fixed Account is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company.

The primary investment objective of the Hartford Fixed Account is to provide a competitive credited rate of interest while providing a minimum guaranteed interest rate over the lifetime of the contract. The fund is backed by a diversified portfolio of fixed-income assets held in the general account of Hartford Life Insurance Company.

These fixed accounts have been determined to be fully benefit-responsive. As a result of the contracts being fully benefit-responsive, the contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the investment contracts. Contract value, as reported to the Plan by their respective Trustees, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Note 5—Fully benefit-responsive contracts (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6—Excess contributions payable

Contributions received from participants for 2015 and 2014 are net of repayments of $39,898 and $66,879, respectively, made in 2016 and 2015, respectively, to certain active participants for the return of excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the accompanying statements of net assets available for benefits as excess contributions payable at December 31, 2015 and 2014.

Note 7—Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 1, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8—Plan termination

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

Note 9—Party-in-interest transactions

Certain Plan investments were managed by the Trustees throughout the year; therefore, these investment transactions qualify as party-in-interest transactions. The supplemental Schedule of Assets (Held at End of Year) identifies these investments as of December 31, 2015. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 10—Risks and uncertainties

The Plan provides for various investment options in any combination of mutual funds, fixed accounts, pooled separate accounts, and self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Note 11—Reconciliation of the financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to net assets available for benefits in Form 5500:

	December 31,	
	2015	**2014**
Net assets available for benefits per the financial statements	$ 45,054,820	$ 43,329,133
Add: Excess contributions payable	39,898	66,879
Add: Other payable	-	9,498
Less: Participant receivable	-	(156,927)
Total net assets available for benefits per the Form 5500	$ 45,094,718	$ 43,248,583

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2015 to net increase in net assets available for benefits in Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 1,725,687
Add: Excess contribution payable, December 31, 2015	39,898
Less: Excess contribution payable, December 31, 2014	(66,879)
Less: Other payable, December 31, 2014	(9,498)
Add: Participant receivable, December 31, 2014	156,927
Net increase in net assets available for benefits per the Form 5500	$ 1,846,135

SUPPLEMENTAL SCHEDULE

DENTAL CARE ALLIANCE 401(k) PLAN

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(PLAN NUMBER: 001, EMPLOYER IDENTIFICATION NUMBER: 82-0580763)

DECEMBER 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Cost**	**Current Value**
		Fixed Account:		
*	Voya Institutional Trust Company	Fixed account, interest bearing	**	$ 6,325,528
		Common Collective Trust:		
	Vanguard Group Inc	Vanguard Federal Money Market Fund	**	95,615
		Mutual Funds:		
	Dimensional Fund Advisors	DFA Global Equity Portfolio Institutional Class Fund	**	2,757,917
	Vanguard Group Inc	Vanguard Developed Markets Index Fund Admiral Share	**	1,668,331
	Vanguard Group Inc	Vanguard Emerging Markets Stock Ind Fnd Admiral Sha	**	2,672,426
	Vanguard Group Inc	Vanguard Extend Market Index Fund Admiral Shares	**	2,716,039
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class	**	244,425
	Dimensional Fund Advisors	DFA Commodity Strategy Portfolio Institutional Class	**	45,491
	Vanguard Group Inc	Vanguard 500 Index Fund Admiral Shares	**	9,407,696
	Dimensional Fund Advisors	Dimensional 2020 Target Date Retirement Income Fund	**	2,720,013
	Dimensional Fund Advisors	Dimensional 2030 Target Date Retirement Income Fund	**	3,783,394
	Dimensional Fund Advisors	Dimensional 2040 Target Date Retirement Income Fund	**	3,225,798
	Dimensional Fund Advisors	Dimensional 2045 Target Date Retirement Income Fund	**	89
	Dimensional Fund Advisors	Dimensional 2050 Target Date Retirement Income Fund	**	3,651,725
	Vanguard Group Inc	Vanguard Total Bond Market Index Fund Admiral Share	**	976,712
	Vanguard Group Inc	Vanguard High-Yield Corporate Fund Admiral Share	**	817,353
	Vanguard Group Inc	Vanguard Interm-Term Bond Index Fund Admiral Share	**	2,584,186
				37,271,595
		Self-directed Accounts:		
*	Voya Institutional Trust Company	Self-directed accounts	**	544,727
		Notes Receivable from Participants:		
*	Plan participants	Notes receivable from participants bearing interest at 4.25% secured by participant accounts, due at various dates through 2020	-0-	857,253
				$ 45,094,718

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

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