

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
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.) ☐ a single-employer plan ☐ a DFE (specify) ____ B This return/report is:
	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>DENTAL ONE, INC. RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>03/01/1997</u>	
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) <u>DENTAL ONE, INC.</u> <u>7160 DALLAS PARKWAY</u> <u>SUITE 400</u> <u>PLANO, TX 75024</u>	2b Employer Identification Number (EIN)	<u>75-2868131</u>	
	2c Plan Sponsor's telephone number	<u>972-755-0800</u>	
	2d Business code (see instructions)	<u>621210</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2019	JOSEPH FIVORI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2033
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) 1630
a(2) Total number of active participants at the end of the plan year	6a(2) 1599
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 469
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2068
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 2069
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1631
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 3
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 2R 2S 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan DENTAL ONE, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DENTAL ONE, INC.	D Employer Identification Number (EIN) 75-2868131

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO **1345 AVENUE OF THE AMERICAS**
NEW YORK, NY 10105

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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

BARON CAPITAL **767 FIFTH AVENUE**
49TH FLOOR
NEW YORK, NY 10153

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

DELAWARE INVESTMENTS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

FEDERATED SECURITIES CORP.

5800 CORPORATE DRIVE
2ND FLOOR
PITTSBURGH, PA 15237

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

NUVEEN INVESTMENTS

333 W. WACKER DR
CHICAGO, IL 60606

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

HARTFORD INVESTMENT FINANCIAL SERVI

201 HOPMEADOW STREET
SIMSBURY, CT 06089

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

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

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

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

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

(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)

CETERA ADVISOR NETWORKS LLC

95-3845382

(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 21 49 50 64 99	INVESTMENT/FINANCIAL ADV	71062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP, LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64 21 49 99	RECORD KEEPER	58501	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADP

MAILSTOP 580
71 HANOVER ROAD
FLORHAM PARK, NJ 07932

(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?
49 63	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	10553	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)

TD AMERITRADE, INC.

82-0543156

(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?
33 63	SECURITIES BROKER	256	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DEAM DISTRIBUTORS, INC.

36-3976708

(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?
63	INVESTMENT MANAGER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADP BROKER-DEALER

22-3319984

(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?
60 59	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
ADP	63	10553
(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.
DEAM TRUST COMPANY	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606	DISTRIBUTION (12B-1) FEES
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM TRUST COMPANY	99	1750
(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.
ADP, LLC	13-3036745	OTHER FEES
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTOTS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NM 10105	ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS
13-3036745		

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
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	3
(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.	
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON CAPITAL 767 FIFTH AVENUE NEW YORK, NY 10153	ANNUAL RATE 0.00400 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEAM DISTRIBUTORS, INC. 36-3976708	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	

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
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEAM DISTRIBUTORS, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
DEAM DISTRIBUTORS, INC	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED SECURITIES CORP. 5800 CORPORATE DRIVE PITTSBURGH, PA 15237	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED SECURITIES CORP. 5800 CORPORATE DRIVE PITTSBURGH, PA 15237	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISTRIBUTORS, INC	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
74-1894784		

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
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J.P. MORGAN INVESTMENT MANAGEMENT 13-3200244	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J.P. MORGAN INVESTMENT MANAGEMENT I 13-3200244	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN INVESTMENTS 333 W. WACKER DR CHICAGO, IL 60606	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	

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
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN INVESTMENTS 333 W. WACKER DR. CHICAGO, IL 60606	ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS; ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER INVESTMENT MANAGEMENT, INC. 13-1961193	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEAM DISTRIBUTORS, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T.D. AMERITRADE, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UNAVAILABLE UNAVAILABLE UNAVAILABLE, CA 91367	INCOME FROM MARKET OF APPROX 2.50 PER QUALIFIED TRADE. -0-BPA ANNUALLY ON AVG DAILY ASSETS IN TDAM MONEY MARKET, 12(B)(1)MUTUAL FUND FEES OF 0-25 BPS ON BALANCES IN RESPECTIVE FUND FAMILIES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD INVESTMENT FINANCIAL SERVI 201 HOPMEADOW STREET SIMSBURY, CA 06089	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE BOSTON, MA 02108	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

(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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>DENTAL ONE, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DENTAL ONE, INC.</u>	D Employer Identification Number (EIN) <u>75-2868131</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAP PRESERVATION - R

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST CO

c EIN-PN <u>22-2712853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2728935</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>DENTAL ONE, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DENTAL ONE, INC.</u>	D Employer Identification Number (EIN) <u>75-2868131</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	189359	189359
	(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)	532275	690025
	(9) Value of interest in common/collective trusts.....	1c(9)	2022991	2728934
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	31317349	37350306
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	377309	317246

		(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	34439283 41275870
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	65107 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	65107 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	34374176 41275870

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	4928419
	(C) Others (including rollovers)	2a(1)(C)	173238
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5101657
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)	25298
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	25298
(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)	1751173
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1751173
(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)		16170
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4044123
c Other income	2c		170945
d Total income. Add all income amounts in column (b) and enter total.....	2d		11109366

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3744538	
(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)		3744538
f Corrective distributions (see instructions)	2f		303999
g Certain deemed distributions of participant loans (see instructions).....	2g		29302
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)	129833	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		129833
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4207672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6901694
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **SUSTIN, BARTELL & FITZGERALD LTD**

(2) EIN: **34-1748861**

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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	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			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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	<u>0</u>
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): <u>57-1198022</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

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): _____

DENTAL ONE, INC.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2017 AND 2016

DENTAL ONE, INC. RETIREMENT SAVINGS PLAN

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YEARS ENDED DECEMBER 31, 2017 AND 2016

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Sustin, Bartell & Fitzgerald, Ltd.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To The Plan Administrator
Dental One Inc. Retirement Savings Plan
Plano, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dental One, Inc. Retirement Savings Plan which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audit 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by DeAWM Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee 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.

- 1 -



1801 East Ninth Street, Suite 920, Cleveland, Ohio 44114

Tel (216) 621-1180 Fax (216) 621-7870

Other Matter

The supplemental Schedule of Assets (Held End of Year) as of and for the year ended December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are 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 the supplemental schedules referred to above.

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 schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sasha Bartell & Litygrad CTD

October 15, 2018

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

ASSETS	<u>2017</u>	<u>2016</u>
Investments, at fair value:		
Registered investment companies	\$ 37,350,306	\$ 31,317,349
Participant directed brokerage accounts	<u>317,246</u>	<u>377,309</u>
	37,667,552	31,694,658
Investments, at contract value:		
Common collective trust	<u>2,728,934</u>	<u>2,022,991</u>
Total Investments	40,396,486	33,717,649
Receivables:		
Contribution receivable - employer	189,359	189,359
Notes receivable from participants	<u>742,968</u>	<u>573,787</u>
Total Receivables	<u>932,327</u>	<u>763,146</u>
TOTAL ASSETS	\$ 41,328,813	\$ 34,480,795
 LIABILITIES		
Excess employee contributions payable	<u>-</u>	<u>65,107</u>
TOTAL LIABILITIES	<u>-</u>	<u>65,107</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 41,328,813</u>	 <u>\$ 34,415,688</u>

See Notes to the Financial Statements

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017

ADDITIONS:

Investment income:

Net gain from fair value of registered investment companies	\$ 4,044,123
Dividends - registered investment companies	1,739,733
Other	170,945
Net gain from common collective trust	16,170
Net gain from participant directed accounts	11,440
Interest - participant notes receivable	<u>25,298</u>

6,007,709

Contributions:

Employee	4,928,419
Employer	-
Rollover	<u>173,238</u>

5,101,657

Total Additions 11,109,366

DEDUCTIONS:

Benefits and other distributions paid to participants	4,066,408
Administrative expenses	<u>129,833</u>

Total Deductions 4,196,241

Increase in Net Assets Available for Benefits 6,913,125

Net Assets Available for Benefits at Beginning of Year 34,415,688

Net Assets Available for Benefits at End of Year \$ 41,328,813

See Notes to the Financial Statements

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 1 – DESCRIPTION OF THE PLAN

In January 2016, plan management executed an adoption agreement for the Automatic Data Processing Defined Contribution Plan Non-standardized 401(k) Profit Sharing Plan to become effective February 1, 2016. The Volume Submitter Defined Contribution Plan was amended and restated to comply with the Pension Protection Act (PPA) of 2006 and conform to the way the plan has been operated, by incorporating the changes made by the PPA in operation according to the effective date of each provision beginning in 2006. The basic plan provisions included in the previous plan document were substantially retained.

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of Dental One Inc. (the Company) including participating employers to the plan, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – All employees who have attained age 18 and completed sixty (60) days of elapsed time service become eligible to participate immediately following or coincident with the date the employee completes the eligibility conditions. Participants may make contributions as a percentage of annual compensation (minimum 1% to maximum 90%), not to exceed Internal Revenue Service (IRS) limitations. The Plan has an automatic deferral provision whereby enrollment is automatically granted to employees meeting such eligibility requirements unless the employee makes an affirmative statement waiving such participation. Any such automatically enrolled employee is subject to a deferral rate of 3% of eligible compensation. On or after each succeeding anniversary date following the date that an employee's automatic deferral was first implemented, a scheduled increase of 1% will be added to the automatic deferral rate, up to a maximum of 10%. Prior to the auto escalation date, participants may opt out of this feature as well.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may contribute to the Plan an amount of matching contributions determined by the Company at its discretion. No matching contribution was made during 2017 or 2016. Discretionary employer profit sharing contributions are also permitted.

Vesting – Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of service or at their normal retirement date. A service year is defined as 1,000 or more hours worked in a calendar year. The amount of non-vested forfeitures during the years ended December 31, 2017 and 2016 was \$11,768 and \$13,106, respectively. Forfeited amounts may be used to reduce non-elective or safe harbor non-elective contributions, matching contributions, or pay plan expenses. The total available for such future occurrences is \$109,337 and \$118,753 as of December 31, 2017 and 2016, respectively.

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS (Con't.)
YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 1 – DESCRIPTION OF PLAN (Con't)

Investment Options – Upon enrollment in the Plan, a participant may direct employee and employer contributions in whole increments to any of the investment fund options offered by the Plan. In addition to participant-directed programs, the plan allows participants to self-direct their investments. The self-directed program, established through agreement with TD Ameritrade, Inc. as custodian in the name of the trust, allows participants to invest up to 50% of their account balance in eligible investments, as defined. The underlying investments are valued daily. Participants may change their investment options and transfer funds between investment options daily. There is no limit to the number of transfers a participant can make provided the required minimum investment in core funds is maintained.

Administrative Fees – The Plan sponsor pays certain administrative fees on behalf of the Plan. The plan implemented an ERISA Budgets Account (EBA), commonly referred to as a revenue sharing account. Under the EBA, the plan's recordkeeper returns to the plan a portion of the revenue earned in excess of its specified price for providing administrative services, from which non-settlor fees incurred by the plan are paid. The revenue returned is included as Other income with corresponding fees paid included in Administrative expenses.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from 1 - 5 years or up to 30 years for the purchase of a primary residence. 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 quarterly by the plan administrator. Principal and interest is repaid through payroll deductions.

Payments of Benefits – On termination of service, death, disability, or retirement, a participant will receive a lump-sum amount equal to the vested value of their account. Certain participants who participated in a predecessor plan may elect to receive a distribution in a lump-sum payment or to receive installment payments not to exceed the life expectancy of the participant or their beneficiary.

Participants who prove financial hardship may withdraw a portion of their account balance, as determined by the plan administrator in accordance with current regulations.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a termination of the Plan, the Trust fund shall be distributed to participants within one year after the date of termination or the participant's account will be transferred as provided by the Plan agreement.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

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

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS (Con't.)
YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Con't)

Accounting Pronouncements – In 2015, the financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12, which amended Accounting Codification Standards (ASC Topic 962), *Defined Contribution Pension Plans*, to require fully benefit-responsive investment contracts to be measured, presented and disclosed at contract value. It also eliminates the generally accepted accounting principles requirement to disclose individual investments that represent more than 5% or more of plan assets available for benefits and allows participant-directed investments and net appreciation or depreciation to be grouped by general type instead of being disaggregated. The amendments are effective for fiscal years beginning in 2016.

Valuation of Investments – The Plan's investments in registered investment companies as well as securities held in participant directed brokerage accounts are stated at fair value based on the quoted market price at year end. Investment in a fully benefit-responsive contract in the accompanying financial statements is reported at contract value (Note 3). All investments in the Plan are fully participant directed.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

NOTE 3 – INVESTMENTS

ASU No. 2015-12, *Defined Contribution Pension Plans (Topic 962)* also included requirements under Part I) Fully Benefit-Responsive Investment contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient," for simplification of the required disclosures related to employee benefit plans. Part I eliminated the requirement to measure and disclose the fair value of fully benefit-responsive contracts. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminated the requirement to disclose individual investments which comprise 5% or more of total net assets available for benefits, as well as the net appreciation or depreciation of fair values by type. Part II also eliminated the disclosure to disaggregate investments by nature, characteristics, and risks. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015.

All investment information disclosed in the accompanying financial statements and schedule, including investments held at December 31, 2017 and 2016, and net appreciation in fair value of common collection trust, pooled separate accounts, dividends, and interest for the year ended December 31, 2017, was obtained from information supplied to the plan administrator and certified as complete and accurate by DeAWM Trust Company, trustee.

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS (Con't.)
YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820-10-05, *Fair Value Measurements* (ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Observable inputs (other than level 1) including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the year ended December 31, 2017.

Registered Investment Companies: Valued at the quoted market price of the mutual funds held by the plan at year end. These holdings are categorized in Level 1 of the fair value hierarchy.

Participant-directed Brokerage Accounts: Account holdings are valued daily at quoted market prices of the underlying investments and updated to each participant account daily. These holdings are categorized in Level 1 of the fair value hierarchy.

As disclosed in Note 3, ASU No. 2015-12 eliminates the requirement to measure and disclose the fair value of fully benefit-responsive contracts. Contract value is the only required measure for fully benefit-responsive investment contracts. A common/collective trust involves the pooling of assets of two or more unrelated plans at financial institution for investment purposes. Each participating plan owns units of participation in the fair value of the assets underlying the trust. Thus, the *Common/Collective Trust* is stated at contract value at the end of the Plan year.

The Plan's investment in Federated Capital Preservation Fund at December 31, 2017 and 2016 is a common collective trust that provides for the preservation of principal while maintaining a stable value per unit and liquidity at contract value for participant withdrawals and transfers.

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS (Con't.)
 YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 4 – FAIR VALUE MEASUREMENTS (Con't)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017.

Assets at Fair Value as of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies	\$ 37,350,306	\$ -	\$ -	\$ 37,350,306
Participant-directed brokerage	<u>317,246</u>	<u>-</u>	<u>-</u>	<u>317,246</u>
Total Assets at Fair Value	\$ <u>37,667,552</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 37,667,552
Common/collective trust at Contract Value				<u>2,728,934</u>
Total Investments				\$ <u>40,396,486</u>

Assets at Fair Value as of December 31, 2016

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies	\$ 31,317,349	\$ -	\$ -	\$ 31,317,349
Participant-directed brokerage	<u>377,309</u>	<u>-</u>	<u>-</u>	<u>377,309</u>
Total Assets at Fair Value	\$ <u>31,694,658</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 31,694,658
Common/collective trust at Contract Value				<u>2,022,991</u>
Total Investments				\$ <u>33,717,649</u>

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS (Con't.)
YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 5 – INCOME TAX STATUS

The nonstandardized prototype plan adopted received an opinion letter from the IRS dated July 16, 2014 stating that the form of the plan is qualified under Section 401 (a) of the Internal Revenue Code (Code), and therefore, the related trust is tax exempt. In accordance with Revenue Procedure 2006-1 and Announcement 2001-77, the plan sponsor has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Except as described below, the plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt. The Plan administrator believes the Plan is no longer subject to income tax examinations for plan years prior to 2013.

The 2016 testing initial results suggested nearly \$300,000 of excess deferrals should be refunded to certain highly compensated participants. Although management initially relied on the revised test results, an alternate independent adviser was subsequently retained to perform anew the required compliance testing. The revised test results for 2016 revealed that qualified non-elective contributions totaling \$84,707 are required along with an additional \$104,652 representing top-heavy minimum contributions. Due to the timing of the testing performed to determine the corrective contributions, the amounts are combined and recorded as employer contributions as of December 31, 2017 and 2016. Additionally, excess deferrals to be refunded, totaling \$65,107, were recorded as a liability of the plan at December 31, 2016 and reported as a reduction of employee contributions received for 2016. The required non-discrimination testing for 2017 is currently underway. In the event the plan is required to return excess deferrals to participants for the 2017 plan year, it is the intent of management to return such excesses to affected participants prior to December 31, 2018. Furthermore, the plan sponsor will be filing the Form 5330 as a result of delayed refunds.

Management previously identified a document defect and potential operational defect in the Plan when it was determined that certain non-controlled group employers were allowed to be participating employers in the Plan. The Plan, however, did not have multiple employer provisions that allow non-controlled group participating employers. Management is in the process of taking appropriate steps to correct the issues (including retroactive amendment of the plan and, if necessary, corrective contributions or distribution) under the Voluntary Compliance Program of the Employee Plans Compliance Resolution Systems (Revenue Procedure 2016-15). The evaluation of corrective action is underway and ongoing.

NOTE 6 – TRANSACTIONS WITH PARTIES IN INTEREST

In addition to transactions involving the plan sponsor, transactions with parties in interest includes purchases and sales of Deutsche Asset Management. Fees paid during the year for services rendered by parties in interest were based on customary and reasonable rates for such services.

NOTE 7 – RISKS AND UNCERTAINTIES

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

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS (Con't.)
 YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 8 – DIFFERENCES BETWEEN FINANCIAL STATEMENTS AND FORM 5500 (Con't)

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements at December 31	\$ 41,328,813	\$ 34,415,688
Add: excess contributions payable	-	-
Less: deemed distribution loan balances included in plan assets	<u>52,943</u>	<u>41,512</u>
Net Assets Available for Benefits per Form 5500 At December 31	\$ <u>41,275,870</u>	\$ <u>34,374,176</u>

Following is a reconciliation of Benefits and other distributions paid to participants per the financial statements to Form 5500:

	<u>2017</u>
Benefits and other distributions paid to participants per financial statements	\$ 4,066,408
Less: deemed distribution loan balances - 2016	(41,512)
Add: deemed distribution loan balances - 2017	<u>52,943</u>
	\$ <u>4,077,839</u>
<u>Form 5500:</u>	
Benefit payments to participants	\$ 3,744,538
Corrective distributions	303,999
Certain deemed loan distributions	<u>29,302</u>
	\$ <u>4,077,839</u>

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated events occurring between the end of the plan year and October 15, 2018, the date the financial statements were available to be issued. No recognized or unrecognized subsequent events have occurred through this date.

DENTAL ONE INC. RETIREMENT SAVINGS PLAN

SUPPLEMENTARY INFORMATION TO THE
FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2017

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(See Independent Auditor's Report)

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
EIN: 34-1362531
PLAN: 001

SCHEDULE H, PART IV, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2017

(a)	(b) IDENTITY OF ISSUER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	American Funds - AMCAP Fund - R3	Registered Investment Company	***	2,316,084
	American Funds - American Balanced Fund - R3	Registered Investment Company	***	1,076,278
	American Funds - New Perspective Fund - R3	Registered Investment Company	***	301,709
	Baron Growth Fund	Registered Investment Company	***	1,773,395
	Blackrock Global Allocation Fund - A	Registered Investment Company	***	52,017
	Blackrock Natural Restr - A	Registered Investment Company	***	552,619
	Delaware Small Cap Core Fund - A	Registered Investment Company	***	959,811
**	Deutsche High Income Fund - A	Registered Investment Company	***	215,489
**	Deutsche S&P 500 Index Fund - A	Registered Investment Company	***	2,404,386
**	Deutsche Real Estate Sec - A	Registered Investment Company	***	158,404
	Dreyfus Midcap Index I	Registered Investment Company	***	560,713
	Federated Capital Preservation Fund - R	Common/Collective Trust	***	2,728,934
	Invesco Diversified Dividend Fund - A	Registered Investment Company	***	2,049,512
	JPMorgan Smart Retirement 2020 - A	Registered Investment Company	***	2,088,552
	JPMorgan Smart Retirement 2025 - A	Registered Investment Company	***	288,420
	JPMorgan Smart Retirement 2030 - A	Registered Investment Company	***	5,311,068
	JPMorgan Smart Retirement 2035 - A	Registered Investment Company	***	376,841
	JPMorgan Smart Retirement 2040 - A	Registered Investment Company	***	5,432,786
	JPMorgan Smart Retirement 2045 - A	Registered Investment Company	***	1,086,794
	JPMorgan Smart Retirement 2050 - A	Registered Investment Company	***	586,391
	JPMorgan Smart Retirement 2055 - A	Registered Investment Company	***	164,333
	JPMorgan Smart Return Inc. - A	Registered Investment Company	***	860,795
	JPMorgan US Rsch Enhanced Eq - A	Registered Investment Company	***	865,015
	MFS Technology - A	Registered Investment Company	***	1,232,931
	Oppenheimer Develop Markets - N	Registered Investment Company	***	727,557
	Oppenheimer International Growth - A	Registered Investment Company	***	1,174,413
	PIMCO Real Return Fund - A	Registered Investment Company	***	214,733
	Pioneer Strategic Income Fund - A	Registered Investment Company	***	603,675
	Pioneer Growth Fund - A	Registered Investment Company	***	1,798,406
	Prudential QMA Mid-Cap Value Fund - A	Registered Investment Company	***	534,497
	Prudential Total Return Bond Fund - A	Registered Investment Company	***	1,199,094
	The Hartford Healthcare - R4	Registered Investment Company	***	383,588
	Self-Directed Brokerage	Brokerage Fund Options	***	317,246
**	Participant Loans	Interest Rates (4.25% to 6.00%)	***	690,025
TOTAL \$				41,086,511

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee

** Denotes party in interest.

*** This information is not required for participant directed accounts.

Multiple-Employer Plan Participating Employer Information

Dental One, Inc. - EIN: 75-2868131 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
AK Richardson & Assoc (Charlo)	22-3877743	1.55%
AK Richardson & Assoc (Concord)	27-2168286	0.00%
AK Richardson & Assoc (Hickory)	26-1783097	0.00%
AK Richardson & Assoc (Hunter)	26-0188685	0.00%
AK Richardson & Assoc (Monroe)	27-2168366	0.00%
Amherst Park Family Dental, P.C.	27-2156320	0.10%
Aurora Dental Care, P.C.	27-2201713	0.09%
Beatriz R. Aguero, D.D.S. & Associates II, P.A.	26-0188351	1.08%
Beatriz R. Aguero, D.D.S. & Associates IV, P.A.	26-1783132	0.32%
Benson J. Ybanez, D.D.S. & Associates, P.A.	22-3877749	0.92%
Bharat J. Chauhan, D.M.D. & Associates, P.C.	38-3636265	0.00%
Broomfield Dental Group, P.C.	27-2198200	0.21%
Carmel Village	20-3641580	0.00%
Charles A. Smith, D.D.S. & Associates (Roseville), P.C.	20-0384501	0.25%
Charles J. Zasso, DDS & Associates (Midway), Inc.	20-0377070	0.00%
Cherokee Trails Dental Care, P.C.	27-2201267	0.19%
Clement Park Dental Care, P.C.	27-2201305	0.28%
DCP of Brookfield Square, LLC	34-1971489	0.48%
DCP of Delafield (Milwaukee), LLC	26-1789453	0.13%
DCP of Illinois (Bloomington), Ltd.	26-1782944	0.24%
DCP of Illinois (Crystal Lake), Ltd.	26-1782907	0.19%
DCP of Illinois (Irving Park), Ltd.	90-0133177	0.27%
DCP of Illinois (Vernon Hills), Ltd.	26-1783347	0.05%
DCP of Indiana (Castleton Square), P.C.	20-0383944	0.97%
DCP of Michigan (Lakeside), P.C.	20-0384584	0.02%
DCP of Michigan (Lincoln Park), P.C.	20-0384561	0.54%
DCP of Michigan (Troy), P.C.	20-0384482	0.18%
DCP of Michigan (Twelve Oaks), P.C.	20-0384600	0.52%
DCP of Pennsylvania (Beaver Valley), Inc.	20-0383631	0.75%
DCP of Pennsylvania (Cranberry), Inc.	81-1020867	0.04%
DCP of Pennsylvania (Robinson), Inc.	20-0383714	0.07%
DCP of Southridge Shopping Center, LLC	34-1971487	0.47%
Dental Arts of Windsor, P.C.	27-2201357	0.51%
Dental Associates of Anderson, P.C.	45-3964094	0.44%
Dental Associates of Rock Hill Crossing, P.C.	45-3964074	0.48%
Dental Associates of Spartanburg, P.C.	27-2168964	0.19%
Dental One Inc	75-2868131	14.44%
Dental One Inc	75-2868131	9.50%
Dental One, Inc. dba Ashbrook Dental Care & Ortho	75-2868131	1.67%
DentalWorks of Greenville SC, P.C.	27-0956764	0.08%
DentalWorks of Pleasant Hills, Inc.	20-0383665	0.76%
DentalWorks of Rock Hill, P.C.	26-2883243	0.55%
DentalWorks, Dr. Borole & Associates (Farragut), P.C.	26-0188849	0.57%
DentalWorks, Dr. Dietz & Associates (Austin Peay), P.C.	20-0384018	0.36%
DentalWorks, Dr. Dietz & Associates (Park Avenue), P.C.	20-0384075	0.69%
DentalWorks, Dr. McFarlane & Associates (Knoxville), P.C.	20-0384058	0.52%
Dr. Adamson & Assoc., Fayetteville, P.A.	46-5736568	0.25%
Dr. Adamson & Assoc., Hope Mills, P.A.	46-5732435	0.70%
Dr. Adamson & Assoc., P.A.	27-0956718	0.74%
Dr. Adamson & Assoc., Raeford Road, P.A.	46-5746638	0.59%
Dr. Borole & Associates (Alcoa), P.C.	26-1783037	0.16%

Multiple-Employer Plan Participating Employer Information

Dental One, Inc. - EIN: 75-2868131 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
Dr. Charles Smith & Associates (Westland Center), P.C.	20-0384625	0.34%
Dr. Curley & Associates, P.A. No longer affiliated as of 2/7/18	26-2573897	1.01%
Dr. Dellagatta & Associates (Southern Park), Inc.	20-0377208	0.56%
Dr. John Solooki & Associates (Fairlawn), Inc.	20-4124027	1.36%
Dr. Legler & Assoc., Durham, P.A.	22-3877742	0.90%
Dr. Legler & Associates, P.A.	26-1783250	0.44%
Dr. McClary & Assoc. Wake Forest, P.A.	26-1783188	0.69%
Dr. McClary & Assoc. Wendover, P.A.	26-1783281	0.35%
Dr. McClary & Associates III, P.A.	26-1783072	1.02%
Dr. Oler & Assoc. Burlington, P.A.	46-5732571	1.10%
Dr. Patel & Associates I, P.A. No longer affiliated as of 9/6/17	27-2168366	0.36%
Dr. R. Edward Mooring, Jr. & Associates, P.A.	22-3877748	0.13%
Dr. Raina & Associates (Chicago Ridge), Ltd.	20-0384226	0.29%
Dr. Richard-James M. Hansen & Associates (Fort Mill), P.C.	27-0486169	0.55%
Dr. Ryan & Associates, P.S.C.	03-0501888	0.68%
Dr. Smith & Associates (Northville), P.C.	47-5230565	0.74%
Dr. Smith & Associates (Rochester Hills), P.C.	47-5537785	0.18%
Dr. Tabachnik & Associates (Richmond), Inc.	20-0377151	1.19%
Dr. Tamimi & Associates (Easton), Inc.	26-2883126	0.65%
Dr. Zasso & Associates (Chapel Hill), Inc.	20-0372315	0.01%
Dr. Zasso & Associates (Skokie), Ltd.	47-4658472	0.52%
Dr. Zasso & Associates (Southland), Inc.	20-0377236	0.00%
Drs. Aguero, Hughes & Assoc., P.A.	22-3877737	1.54%
Drs. Alston, Johal & Dunning, P.A.	22-3877743	0.01%
Drs. Ghodke, Lindsey & Associates, P.A.	22-3877747	1.30%
Drs. Jian, Spann & Associates (Polaris), Inc.	20-2992285	0.67%
Drs. Johal, Dunning & Associates II, P.A.	20-3641580	0.75%
Drs. Johal, Dunning & Associates IV, P.A.	26-0188685	0.65%
Drs. Johal, Dunning & Associates V, P.A.	26-1783097	0.05%
Drs. Johal, Dunning & Associates VI, P.A.	27-2168286	0.07%
Drs. Johal, Dunning & Associates, P.A.	22-3877733	1.28%
Drs. Oris, Sedon & Associates (Medina), Inc.	26-0188777	1.21%
Drs. Patel, Alston & Associates I, P.A.	20-5798950	1.02%
Eric R. Pierchoski, D.M.D. & Associates (Westmoreland), Inc.	20-0383695	0.07%
Firestone Dental Care, P.C.	27-2201423	0.12%
Gastonia	20-0415450	0.00%
George J. Trakakis, D.D.S. & Associates (Fox Valley), Ltd.	27-2201458	0.73%
Heather Park Dental Care, P.C.	27-2201498	0.52%
Hilltop Dental Care, P.C.	27-2201498	0.12%
Illinois Dental Providers (Arlington Heights), P.C.	81-3317392	0.08%
Illinois Dental Providers (Chicago Loop), Ltd.	20-0384384	1.12%
Illinois Dental Providers (Glen Ellyn), Ltd.	47-5281166	0.47%
Illinois Dental Providers (Harlem & North), Ltd.	20-0384209	0.53%
Illinois Dental Providers (Schaumburg), Inc.	31-1812648	0.72%
Illinois Dental Providers (Tinley Park), Ltd.	20-0384271	0.15%
Illinois Dental Providers, Ltd.	20-0384334	0.21%
Illinois Dental Providers, P.C.	81-3188535	0.47%
Isam Ibrahim, D.D.S. & Associates (Eastwood Mall/Niles), Inc.	34-1971775	0.68%
Jackson Creek Dental Care, P.C.	27-2201549	0.23%
James A Poe DDS & Associates	82-4001154	0.38%
James Smith DMD, P.A.	26-0188483	0.62%

Multiple-Employer Plan Participating Employer Information

Dental One, Inc. - EIN: 75-2868131 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
John M. Oris, D.D.S. & Associates (South Park Center), Inc.	20-0376885	0.69%
Matthews	20-5798950	0.00%
Meckler Dental Providers (Beachwood), Inc.	81-0779470	0.05%
Meckler Dental Providers (Belden), Inc.	34-1971776	0.96%
Meckler Dental Providers (Dublin), Inc.	20-0869528	0.93%
Meckler Dental Providers (Gar	20-0376987	0.86%
Meckler Dental Providers (Great Lakes), Inc.	34-1971773	0.19%
Meckler Dental Providers (Grove City), inc.	26-0189098	0.45%
Meckler Dental Providers (Macedonia), Inc.	26-2573714	0.45%
Meckler Dental Providers (Olmsted), Inc.	20-0377039	1.50%
Meckler Dental Providers (Oregon), Inc.	20-5063682	0.24%
Meckler Dental Providers (Parma), Inc.	81-0839744	0.62%
Meckler Dental Providers (Powell), Inc.	47-4913799	0.35%
Meckler Dental Providers (Reynoldsburg), Inc.	46-1978014	0.16%
Meckler Dental Providers (River Oaks), Ltd.	20-0384161	1.02%
Meckler Dental Providers (South plaza), inc.	20-0377191	0.64%
Meckler Dental Providers (Stow), Inc.	47-4568090	0.60%
Meckler Dental Providers (Westgate), Inc.	20-0377263	1.12%
Meckler Dental Providers (Willoughby), Inc.	47-4946368	0.22%
Meckler Dental Providers, Inc.	81-0958531	0.24%
Meckler Dental Providers, Inc.	26-0188980	0.27%
Michael A. Lockett, D.M.D. & Associates (Rivercrest), Ltd.	20-0384305	0.27%
Natalie J. Stelzer, D.M.D. & Associates (Cedar Springs), P.S.C.	20-0384660	0.39%
Network Provider Associates, P.C.	75-2622808	14.75%
Prairie Center Dental Care, P.C.	27-2201572	0.15%
Reunion Dental Care, P.C.	27-2201593	0.30%
Rock Canyon Dental Care, P.C.	27-2201634	0.15%
Ronald J. Picchetti, D.D.S. & Associates (Golf Mill), Ltd.	20-0384131	0.03%
Tennessee Dental Provider Network, P.C.	46-1691478	0.06%
Trail View Dental Care, P.C.	27-2201667	0.14%
Uditt K. Mukherjee, D.M.D. & Associates, Ltd.	31-1812643	0.00%
Vista Ridge Dental Care, P.C.	27-2201691	0.23%

DENTAL ONE INC. RETIREMENT SAVINGS PLAN
EIN: 34-1362531
PLAN: 001

SCHEDULE H, PART IV, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2017

(a)	(b) IDENTITY OF ISSUER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	American Funds - AMCAP Fund - R3	Registered Investment Company	***	2,316,084
	American Funds - American Balanced Fund - R3	Registered Investment Company	***	1,076,278
	American Funds - New Perspective Fund - R3	Registered Investment Company	***	301,709
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	Blackrock Global Allocation Fund - A	Registered Investment Company	***	52,017
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	JPMorgan Smart Retirement 2020 - A	Registered Investment Company	***	2,088,552
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	JPMorgan Smart Retirement 2045 - A	Registered Investment Company	***	1,086,794
	JPMorgan Smart Retirement 2050 - A	Registered Investment Company	***	586,391
	JPMorgan Smart Retirement 2055 - A	Registered Investment Company	***	164,333
	JPMorgan Smart Return Inc. - A	Registered Investment Company	***	860,795
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	Pioneer Growth Fund - A	Registered Investment Company	***	1,798,406
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	Self-Directed Brokerage	Brokerage Fund Options	***	317,246
**	Participant Loans	Interest Rates (4.25% to 6.00%)	***	690,025
TOTAL \$				<u><u>41,086,511</u></u>

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i.
Information certified as complete and accurate by trustee

** Denotes party in interest.

*** This information is not required for participant directed accounts.