# 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

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

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

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2002

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

6240 LAKE OSPREY DRIVE
SARASOTA, FL 34240

**2b** Employer Identification Number (EIN)
82-0580763

**2c** Plan Sponsor's telephone number
941-364-7550

**2d** Business code (see instructions)
621210

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2020 | STEVEN DUVAL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2020 | STEVEN DUVAL |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor 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** | 3076 |
| **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)** | 2649 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 3209 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 895 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 4104 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 4104 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 3776 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 512 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2F 2G 2J 2K 2R 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
82-0580763

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

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 71-0294708 | 86509 | YH1210 | 4104 | 01/01/2019 | 12/31/2019 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 5096036 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 5562540 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 440414 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 57250 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 83260 | | |
| | ▶ LOAN REPAYMENTS MISCELLANEOUS/FORFEITURES | | | | |
| | (6)Total additions | | | 7c(6) | 580924 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 6143464 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 971107 | | |
| | (2) Administration charge made by carrier | 7e(2) | 29987 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 194339 | | |
| | ▶ NEW LOANS ISSUED CORRECTIVE DISTRIBUITONS TRANSFERS TO MUTUAL FUNDS | | | | |
| | (5) Total deductions | | | 7e(5) | 1195433 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 4948031 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

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

**m** ☐ Other (specify) ▶

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE C (Form 5500)

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

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
82-0580763

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | SERVICE PROVIDER | 434311 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

SEABRIDGE WEALTH MANAGEMENT LLC

45-2514987

| (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? |
|---|---|---|---|---|---|---|
| 55 99 | BROKER/DEALER | 56557 | Yes [X] No [ ] | Yes [ ] No [X] | 43166 | Yes [ ] No [X] |

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

CHERRY BEKAERT, LLP

56-0574444

| (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? |
|---|---|---|---|---|---|---|
| 10 | SERVICE PROVIDER | 16958 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| SEABRIDGE WEALTH MANAGEMENT LLC | 99 | 43166 |

| **(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. |
|---|---|
| VOYA RETIREMENT INSURANCE & ANNUITY<br><br>71-0294708 | OTHER FEES |

| **(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 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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
82-0580763

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 1250281 | 1256654 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 67733108 | 87768430 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 5562540 | 4948031 |
| **(15)** Other | 1c(15) | 587667 | 717460 |

| | | | (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 | 75133596 | 94690575 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 75133596 | 94690575 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 646908 | |
| | **(B)** Participants | 2a(1)(B) | 9722525 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 2842058 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 13211491 |
| **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) | 70178 | |
| | **(F)** Other | 2b(1)(F) | 57250 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 127428 |
| | **(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) | 1895100 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1895100 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (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) | | 14005219 |
| c Other income | 2c | | 143025 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 29382263 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 9165433 | |
| (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) | | 9165433 |
| f Corrective distributions (see instructions) | 2f | | 51461 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 1894 |
| 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) | 507826 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 507826 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 9726614 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 19655649 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 4495 |
| (2) From this plan | 2l(2) | | 103165 |

## 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) ☐ Unmodified (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: CHERRY BEKAERT, LLP (2) EIN: 56-0574444

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | 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 | | 1000000 |
| 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) |
|---|---|---|
| DENTAL CARE ALLIANCE GROUP 401(K) PLAN | 82-0580763 | 002 |
| | | |
| | | |
| | | |

**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

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
82-0580763

## Part I Distributions

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

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

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

EIN(s): 71-0294708

**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

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# DENTAL CARE ALLIANCE
# 401(k) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

***As of December 31, 2019 and 2018 and for the Year Ended December 31, 2019***

***And Report of Independent Auditor***

Cherry Bekaert LLP
CPAs & Advisors

**DENTAL CARE ALLIANCE 401(k) PLAN**

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

Cherry Bekaert LLP
CPAs & Advisors

# Report of Independent Auditor

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

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dental Care Alliance 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Institutional Trust Company (the "Trustee"), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2019 and 2018 and for the year ended December 31, 2019, 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.

## Emphasis of Matter

As discussed in Note 12 to the financial statements, in March 2020 the World Health Organization declared COVID-19 a global pandemic. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen, triggering volatility in financial markets and a significant negative impact on the global economy. As a result, the Plan's investment portfolio has seen significant volatility subsequent to December 31, 2019. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. Our opinion is not modified with respect to this matter.

## Other Matters

The supplemental schedule, Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2019 is required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

## Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Cherry Bekaert LLP

Tampa, Florida
October 7, 2020

## DENTAL CARE ALLIANCE 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

*DECEMBER 31, 2019 AND 2018*

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| Mutual funds, at fair value | $ 87,375,595 | $ 67,273,634 |
| Money market fund, at fair value | 392,835 | 459,474 |
| Self-directed brokerage accounts, at fair value | 717,460 | 587,667 |
| Fully benefit-responsive investment contract, at contract value | 4,948,031 | 5,562,540 |
| Total Investments | 93,433,921 | 73,883,315 |
| Receivables: | | |
| Participant contributions | - | 161,211 |
| Notes receivable from participants | 1,256,654 | 1,250,281 |
| Total Receivables | 1,256,654 | 1,411,492 |
| Total Assets | 94,690,575 | 75,294,807 |
| **LIABILITIES** | | |
| Excess contributions payable | 106,925 | 50,691 |
| Total Liabilities | 106,925 | 50,691 |
| Net Assets Available for Benefits | $ 94,583,650 | $ 75,244,116 |

The accompanying notes to the financial statements are an integral part of these statements.

**DENTAL CARE ALLIANCE 401(k) PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

*YEAR ENDED DECEMBER 31, 2019*

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Net appreciation of investments | $ | 14,005,219 |
| Interest and dividends | | 2,061,934 |
| Participant contributions | | 9,454,349 |
| Employer contributions | | 646,235 |
| Rollover contributions | | 2,842,058 |
| Interest income on notes receivable from participants | | 70,178 |
| Total Additions | | 29,079,973 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 9,161,821 |
| Administrative expenses | | 479,948 |
| Total Deductions | | 9,641,769 |
| Net increase in net assets available for benefits | | 19,438,204 |
| Decrease of net assets available for benefits due to transfer of assets from the plan, net | | (98,670) |
| Net assets available for benefits, beginning of year | | 75,244,116 |
| Net assets available for benefits, end of year | $ | 94,583,650 |

The accompanying notes to the financial statements are an integral part of these statements.

## Note 1—Plan description

The Dental Care Alliance 401(k) Plan (the "Plan") was established in 2002, and was restated effective January 1, 2017. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is sponsored by Dental Care Alliance, LLC (the "Company" and "Plan Sponsor"). The Plan is a defined contribution plan covering certain employees and affiliates of the Company. The following is a summary of major Plan provisions. Participants should refer to the Plan document for more information.

*Participation* – The Plan is available to employees of certain locations and affiliates of the Company who have attained the age of 18 and completed three months of service.

*Contributions* – Participant contributions can be on a pre-tax or after-tax basis. Non-highly compensated participants may elect to contribute up to 100% of annual compensation and highly compensated employees may contribute up to 15% of annual compensation, as defined by the Plan document, subject to Internal Revenue Code ("IRC") limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions.

Unless the participant elects otherwise, the Plan automatically enrolls eligible employees in the Plan. Effective July 1, 2019, participants in the Plan on or after January 1, 2019 are automatically enrolled at a 5% contribution rate of their eligible compensation, as defined, which automatically increases 1% each Plan year, to a maximum contribution rate of 8%, unless another contribution rate is elected by the participant. Participants in the Plan on or after January 1, 2014 and before January 1, 2019 are automatically enrolled at a 2% contribution rate of their eligible compensation, as defined, which automatically increases 1% each Plan year, to a maximum contribution rate of 8%, unless another contribution rate is elected by the participant.

The Company may, at its discretion, make a matching contribution equal to 12% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide additional discretionary profit sharing contributions to those employees who have completed 1,000 hours of service during the Plan year. The Company's matching contributions were $857,379 (including $211,144 in forfeitures used to reduce payments by the Company for matching contributions) for the year ended December 31, 2019. The Company made no additional discretionary profit sharing contributions during the year ended December 31, 2019.

*Participant Accounts* – Each participant's account is adjusted for distributions to the participant, participants' contributions, employer contributions (if any), and Plan earnings (losses), as well as a portion of administrative expenses. All participant accounts are maintained by Voya Institutional Trust Company (the "Trustee"). Participants direct the investment of their accounts among the investment funds allowed under the Plan.

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

## Note 1—Plan description (continued)

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

For employees who perform at least one hour of service on or after July 1, 2019:

| Years of Service | Vesting % |
|---|---|
| Less than 1 years of service | 0% |
| 1 years, but less than 2 years | 25% |
| 2 years, but less than 3 years | 50% |
| 3 years, but less than 4 years | 75% |
| 4 years or more | 100% |

For employees who do not perform at least one hour of service on or after June 30, 2019:

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

*Notes Receivable from Participants* – Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000 and may only have one loan outstanding. Loan terms generally range from one to five years, although, they can be extended up to 30 years for the purchase of a primary residence.

The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined annually by the Plan administrator (interest rates ranging from 4.25% to 5.50% at December 31, 2019 and 4.25% to 5.25% at December 31, 2018) and mature at various periods through October 2024. Principal and interest is collected ratably through payroll deductions. Loans to Plan participants are valued at cost plus accrued interest.

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

*Forfeitures* – Forfeited amounts arising under the Plan may be used to reduce future employer contributions to the Plan. Forfeitures may also be used to offset Plan administration expenses and/or allocated to participant accounts. In accordance with ERISA, this amount must be held until the participant has incurred a five-year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2019, forfeitures of approximately $211,145 were used to reduce employer contributions and $22,200 of forfeitures were used to pay Plan expenses. At December 31, 2019 and 2018, forfeited nonvested accounts available for future use totaled approximately $96,517 and $136,000, respectively.

## Note 2—Summary of accounting policies

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

*Investments, Investment Valuation, and Income Recognition* – Investments are reported at fair value with the exception of fully benefit-responsive investment contracts ("FBRIC") which are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to FBRICs because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan has an investment in a guaranteed investment contract, as of both December 31, 2019 and 2018, that is considered a FBRIC (see Note 5).

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

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

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

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

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

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

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

*Money Market Fund* – This investment vehicle is valued using quoted prices for similar assets in active markets. The investment is valued at amortized cost and is classified within Level 2 of the valuation hierarchy.

*Self-Directed Brokerage Accounts* – The Plan offers participants the opportunity to invest in a self-directed brokerage account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. Assets held in self-directed brokerage accounts are derived from quoted prices in an active market. These securities are classified within Level 1 of the valuation hierarchy.

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

## Note 2—Summary of accounting policies (continued)

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

*Administrative Expenses* – As provided by the Plan document, certain administrative expenses of the Plan are allocated to the participants and the remainder is paid by the Plan Sponsor. During the year ended December 31, 2019, the Company did not pay any administrative expenses on behalf of the Plan.

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

*Subsequent Events* – Management has evaluated subsequent events through October 7, 2020, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued (see Note 12).

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

The following information included in the accompanying financial statements as of December 31, 2019 and 2018 and for the year ended December 31, 2019, and the supplemental schedule as of December 31, 2019 was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, as permitted by Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

| | 2019 | 2018 |
|---|---|---|
| Investments: | | |
| Mutual funds, at fair value | $ 87,375,595 | $ 67,273,634 |
| Money market fund, at fair value | 392,835 | 459,474 |
| Self-directed brokerage account, at fair value | 717,460 | 587,667 |
| Fully benefit-responsive investment contract, at contract value | 4,948,031 | 5,562,540 |
| Total investments | $ 93,433,921 | $ 73,883,315 |
| Notes receivable from participants | $ 1,256,654 | $ 1,250,281 |

| | Year Ended December 31, 2019 |
|---|---|
| Net appreciation of investments | $ 14,005,219 |
| Interest income on notes receivable from participants | $ 70,178 |
| Interest and dividends on investments | $ 2,061,934 |

## Note 4—Fair value measurements

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

| | Assets at Fair Value as of December 31, 2019 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds * | $ 87,375,595 | $ - | $ - | $ 87,375,595 |
| Money market fund * | - | 392,835 | - | 392,835 |
| Self-directed brokerage accounts * | 717,460 | - | - | 717,460 |
| Total investments, at fair value | $ 88,093,055 | $ 392,835 | $ - | $ 88,485,890 |

| | Assets at Fair Value as of December 31, 2018 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds * | $ 67,273,634 | $ - | $ - | $ 67,273,634 |
| Money market fund * | - | 459,474 | - | 459,474 |
| Self-directed brokerage accounts * | 587,667 | - | - | 587,667 |
| Total investments, at fair value | $ 67,861,301 | $ 459,474 | $ - | $ 68,320,775 |

* Amounts are unaudited (see Note 3).

## Note 5—Fully benefit-responsive contract

The Plan has invested in an investment contract through an affiliate of the Trustee. This investment contract allows participants to invest in the Voya Fixed Account.

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

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

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

## Note 6—Excess contributions payable

Contributions received from participants for 2019 and 2018, which were in excess of amounts to satisfy the relevant nondiscrimination provisions of the Plan, are recorded as excess contributions payable in the accompanying statements of net assets available for benefits. These amounts were refunded to participants in the year subsequent to the applicable Plan year.

## Note 7—Tax status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## Note 8—Plan termination

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

## Note 9—Party-in-interest transactions

Certain Plan investments were managed by the Trustee or affiliates of the Trustee throughout the year; therefore, these investment transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

## Note 10—Risks and uncertainties

The Plan provides for various investment options in any combination of mutual funds, fixed accounts, and self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits. See Note 12 for additional information.

## Note 11—Reconciliation of the financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018 to net assets available for benefits in Form 5500:

| | 2019 | 2018 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 94,583,650 | $ 75,244,116 |
| Add excess contributions payable | 106,925 | 50,691 |
| Less participant contributions receivable | - | (161,211) |
| Total net assets available for benefits per Form 5500 | $ 94,690,575 | $ 75,133,596 |

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2019 to net increase in net assets available for benefits in Form 5500:

| | |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 19,438,204 |
| Add excess contributions payable, December 31, 2019 | 106,925 |
| Less excess contributions payable, December 31, 2018 | (50,691) |
| Add participant contributions receivable, December 31, 2018 | 161,211 |
| Net increase in net assets available for benefits per Form 5500 | $ 19,655,649 |

## Note 12—Subsequent event

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen, triggering volatility in financial markets and a significant negative impact on the global economy. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of gains or losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

# SUPPLEMENTAL SCHEDULE

**DENTAL CARE ALLIANCE 401(k) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN: 82-0580763, PLAN NUMBER: 001

*DECEMBER 31, 2019*

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment including Maturity Date Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Fixed Account:** | | | |
| * | Voya Institutional Trust Company | Fixed account, interest bearing | ** | $ 4,948,031 |
| | **Money Market Fund:** | | | |
| | Vanguard Group Inc | Vanguard Federal Money Market Fund | ** | 392,835 |
| | **Mutual Funds:** | | | |
| | Dimensional Fund Advisors | DFA Global Equity Portfolio Institutional Class Fund | ** | 2,067,333 |
| | Vanguard Group Inc | Vanguard Developed Markets Index Fund Admiral Shares | ** | 2,390,408 |
| | Vanguard Group Inc | Vanguard Emerging Markets Stock Ind Fnd Admiral Shares | ** | 1,433,800 |
| | Vanguard Group Inc | Vanguard Total Intl Stk Index Fd Adm | ** | 594,237 |
| | Charles Schwab | Schwab Fndm Itl Sm Co In F | ** | 298,212 |
| | Dimensional Fund Advisors | DFA Real Estate Securities Portfolio Institutional Class | ** | 459,061 |
| | Dimensional Fund Advisors | DFA Commodity Strategy Portfolio Institutional Class | ** | 58,029 |
| | Dimensional Fund Advisors | DFA Global Real Estate Sec Port Inst | ** | 439,030 |
| | Vanguard Group Inc | Vanguard Ext Mkt Index Fnd Ins | ** | 6,096,198 |
| | Vanguard Group Inc | Vanguard 500 Index Fund Admiral Shares | ** | 15,651,944 |
| | Vanguard Group Inc | Vanguard Total Stck Mkt Index Fd Adm | ** | 2,424,269 |
| | Vanguard Group Inc | Vanguard Balanced Index Fund Adm | ** | 1,327,439 |
| | Dimensional Fund Advisors | Dimensional Retirement Inc. Fd In | ** | 2,340 |
| | Dimensional Fund Advisors | Dimensional 2005 Target Date Retirement Income Fund | ** | 135,119 |
| | Dimensional Fund Advisors | Dimensional 2010 Target Date Retirement Income Fund | ** | 38,899 |
| | Dimensional Fund Advisors | Dimensional 2015 Target Date Retirement Income Fund | ** | 83,935 |
| | Dimensional Fund Advisors | Dimensional 2020 Target Date Retirement Income Fund | ** | 4,000,809 |
| | Dimensional Fund Advisors | Dimensional 2025 Target Date Retirement Income Fund | ** | 3,207,055 |
| | Dimensional Fund Advisors | Dimensional 2030 Target Date Retirement Income Fund | ** | 9,014,355 |
| | Dimensional Fund Advisors | Dimensional 2035 Target Date Retirement Income Fund | ** | 5,239,316 |
| | Dimensional Fund Advisors | Dimensional 2040 Target Date Retirement Income Fund | ** | 8,296,545 |
| | Dimensional Fund Advisors | Dimensional 2045 Target Date Retirement Income Fund | ** | 4,554,728 |
| | Dimensional Fund Advisors | Dimensional 2050 Target Date Retirement Income Fund | ** | 9,840,471 |
| | Dimensional Fund Advisors | Dimensional 2055 Target Date Retirement Income Fund | ** | 1,548,736 |
| | Dimensional Fund Advisors | Dimensional 2060 Target Date Retirement Income Fund | ** | 785,856 |
| | Vanguard Group Inc | Vanguard Total Bond Market Index Fund Admiral Share | ** | 1,737,855 |
| | Vanguard Group Inc | Vanguard High-Yield Corporate Fund Admiral Share | ** | 1,232,478 |
| | Vanguard Group Inc | Vanguard Interm-Term Bond Index Fund Admiral Share | ** | 2,854,530 |
| | Vanguard Group Inc | Vanguard St-Term Bond Index Fnd Adm | ** | 1,060,076 |
| | Vanguard Group Inc | Vanguard StTemInf Prot Secs Index Adm | ** | 236,961 |
| | Vanguard Group Inc | Vanguard Tot Intl Bnd Fd Adm | ** | 265,571 |
| | **Total Mutual Funds** | | | 87,375,595 |
| | **Self-directed Accounts:** | | | |
| | TD Ameritrade, Inc. | Self-directed brokerage accounts | ** | 717,460 |
| | **Notes Receivable from Participants:** | | | |
| * | Plan participants | Notes receivable from participants bearing interest at 4.25% to 5.50% secured by participant accounts, due at various dates October 2024. | -0- | 1,256,654 |
| | **Total Assets (Held at End of Year)** | | | $ 94,690,575 |

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

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

**Attachment to 2019 Form 5500**
**Schedule H, line 4i - Schedule of Assets**
**(Held at End of Year)**
**Dental Care Alliance 401(k) Plan**
**EIN 82-0580763**
**Plan 001**
**As of December 31, 2019**

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | DFA Commodity Strategy Prt Ins | Registered Investment Company | | $58,029 |
| | DFA Global Equity Port Inst | Registered Investment Company | | $2,067,333 |
| | DFA Global Real Est Sec Pt Ins | Registered Investment Company | | $439,030 |
| | DFA Real Estate Secs Port Ins | Registered Investment Company | | $459,061 |
| | Dimen 2005 Tr Dt Rt In Fd Ins | Registered Investment Company | | $135,119 |
| | Dimen 2010 Tr Dt Rt In Fd Ins | Registered Investment Company | | $38,899 |
| | Dimen 2015 Tr Dt Rt In Fd Ins | Registered Investment Company | | $83,935 |
| | Dimen 2020 Tr Dt Rt In Fd Ins | Registered Investment Company | | $4,000,809 |
| | Dimen 2025 Tr Dt Rt In Fd Ins | Registered Investment Company | | $3,207,055 |
| | Dimen 2030 Tr Dt Rt In Fd Ins | Registered Investment Company | | $9,014,355 |
| | Dimen 2035 Tr Dt Rt In Fd Ins | Registered Investment Company | | $5,239,316 |
| | Dimen 2040 Tr Dt Rt In Fd Ins | Registered Investment Company | | $8,296,545 |
| | Dimen 2045 Tr Dt Rt In Fd Ins | Registered Investment Company | | $4,554,728 |
| | Dimen 2050 Tr Dt Rt In Fd Ins | Registered Investment Company | | $9,840,471 |
| | Dimen 2055 Tr Dt Rt In Fd Ins | Registered Investment Company | | $1,548,736 |
| | Dimen 2060 Tr Dt Rt In Fd Ins | Registered Investment Company | | $785,856 |
| | Dimen Retirement Inc Fd Ins | Registered Investment Company | | $2,340 |
| | Schwab Fndm Itl Sm Co In F | Registered Investment Company | | $298,212 |
| | TD AMERITRADE SDBA | Self Directed Brokerage Account | | $717,460 |
| | Vangrd 500 Index Fund Adm | Registered Investment Company | | $15,651,944 |
| | Vangrd Balanced Index Fnd Adm | Registered Investment Company | | $1,327,439 |
| | Vangrd Dev Mkts Index Fd Adm | Registered Investment Company | | $2,390,408 |
| | Vangrd Em Mkts Stk Ind Fd Adm | Registered Investment Company | | $1,433,800 |
| | Vangrd Ext Mkt Index Fnd Ins | Registered Investment Company | | $6,096,198 |
| | Vangrd Federal Mny Mkt Fd Inv | Registered Investment Company | | $392,836 |
| | Vangrd High-Yd Corp Fnd Adm | Registered Investment Company | | $1,232,478 |
| | Vangrd Int-Trm Bd Indx Fd Adm | Registered Investment Company | | $2,854,530 |
| | Vangrd ShtTrmInfProtSecIndAdm | Registered Investment Company | | $236,961 |
| | Vangrd St-Trm Bd Indx Fnd Adm | Registered Investment Company | | $1,060,076 |
| | Vangrd Tot Bd Mkt Ind Fd Adm | Registered Investment Company | | $1,737,855 |
| | Vangrd Tot Int Bnd In F Adm | Registered Investment Company | | $265,571 |
| | Vangrd Tot Int Stk In F Adm | Registered Investment Company | | $594,237 |
| | Vangrd Tot St Mkt Indx Fd Adm | Registered Investment Company | | $2,424,269 |
| * | Voya Fixed Account (4062) | Insurance Company General Account | | $4,948,031 |
| | Loan Fund | Participant Loans - Rates 4.25% to 6.50% | | $1,256,654 |
| | Total | | | $94,690,575 |

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.