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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
JEFFERSON DENTAL CLINICS 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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)
JDC HEALTHCARE, PLLC DBA JEFFERSON DENTAL CLINICS

3030 LBJ FREEWAY
SUITE 1400
DALLAS, TX 75234

2b Employer Identification Number (EIN)
75-2518300

2c Plan Sponsor's telephone number
972-663-5312

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.	10/15/2021	KATHERINE MCLEAN
	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

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**	854
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)**	823
a(2) Total number of active participants at the end of the plan year	**6a(2)**	677
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	40
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	717
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	717
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	122
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2T 3H 3D 2R

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)	[X]	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)	[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)	[ ]	0	**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
JEFFERSON DENTAL CLINICS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JDC HEALTHCARE, PLLC DBA JEFFERSON DENTAL CLINICS

D Employer Identification Number (EIN)
75-2518300

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	2839	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT UTIL INV - AMERICAN CENTUR 44-0619208	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALAMOS GRTH & INC A - U.S. BANK G 615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COHEN & STEERS RLTY - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MID CAP GRTH I - COLUMBIA MGT PO BOX 219104 KANSAS CITY, MO 64121-9104	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR INTL INV - HARBOR SERVICES 34-1953399	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HEARTLAND VAL PLS IV - ALPS FUND S 20-3247785	0.50%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS INTL GROWTH R5 - INVESCO CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METWEST TOT RTN BD M - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB SUSTAIN EQ TR - DST ASSET MANAG	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NS OR SM CAP GRTH A - U.S. BANCORP	P.O. BOX 701 MILWAUKEE, WI 53201	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK EQ & INC INV - DST ASSET M	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTL INV - DST ASSET MANAG 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RTN BD AD - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581-1722	0.40%

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

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

(complete as many entries as needed)

a	Name: BKD	**b** EIN:	44-0160260
c	Position: AUDITOR		
d	Address:	**e** Telephone:	

Explanation: CHANGE IN AUDITOR

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
JEFFERSON DENTAL CLINICS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JDC HEALTHCARE, PLLC DBA JEFFERSON DENTAL CLINICS

D Employer Identification Number (EIN)
75-2518300

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	177649	555398
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	290
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	115524	39155
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5008231	4882836
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	5301404	5477679
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
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**	5301404	5477679

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
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	0	
	(B) Participants	**2a(1)(B)**	754584	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		754584
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	704	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	5720	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		6424
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	17	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	233394	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		233411
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	182027	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	179122	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		2905
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	55	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		55

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		362271
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1359650
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	757405	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		757405
f Corrective distributions (see instructions)	2f		372108
g Certain deemed distributions of participant loans (see instructions)	2g		50051
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	973	
(4) Other	2i(4)	2838	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3811
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1183375
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		176275
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: RSM US LLP **(2)** EIN: 42-0714325

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		163559

			Yes	No	Amount
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	
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**		X	

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
JEFFERSON DENTAL CLINICS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JDC HEALTHCARE, PLLC DBA JEFFERSON DENTAL CLINICS

D Employer Identification Number (EIN)
75-2518300

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): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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_____

Jefferson Dental Clinics
401(k) Profit Sharing Plan

Financial Report
December 31, 2020

Contents

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RSM US LLP

Independent Auditor's Report

Plan Administrator
Jefferson Dental Clinics 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jefferson Dental Clinics 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020, the related statement of changes in net assets available for benefits for the year then ended, 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 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 3, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020, and for the year then ended, 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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Other Matter—2019 Financial Statements
The financial statements of the Plan as of December 31, 2019, were audited by other auditors. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements; and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter—Supplemental Schedules
The supplemental schedules, schedule H, line 4a—schedule of delinquent participant contributions and schedule H, line 4i—schedule of assets (held at end of year), as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. 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.

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 or provided 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.

RSM US LLP

Dallas, Texas
October 14, 2021

Jefferson Dental Clinics 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value	**$ 5,438,524**	$ 5,185,880
Receivables:		
Employee contributions	**12,202**	-
Notes receivable from participants	**39,155**	115,524
	51,357	115,524
Total assets	**5,489,881**	5,301,404
Liabilities		
Excess contributions payable	**317,444**	320,169
Net assets available for benefits	**$ 5,172,437**	$ 4,981,235

See notes to financial statements.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	365,393
Dividends and interest income		233,953
Total investment income		599,346
Interest income from notes receivable from participants		5,720
Contributions:		
Participant		449,342
Total additions		1,054,408
Deductions from net assets attributed to:		
Benefits paid to participants		859,395
Administrative and other expenses		3,811
Total deductions		863,206
Net increase in net assets available for benefits		191,202
Net assets available for benefits:		
Beginning of year		4,981,235
End of year	$	5,172,437

See notes to financial statements.

Note 1. Plan Description

The following description of the Jefferson Dental Clinics 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by JDC Healthcare, PLLC dba Jefferson Dental Clinics (Company) for the benefit of its eligible employees. Related employers who also participate in the Plan include JDC Healthcare Management, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Fidelity Management Trust Company (Fidelity) is the trustee of the Plan.

Eligibility: Non-excluded employees of the Company become eligible to make elective deferrals upon completion of three months of service, as defined by the Plan. Excluded employees include employees covered by a collective bargaining agreement and nonresident aliens. Eligible employees may enter the Plan immediately.

Contributions: The Plan permits eligible employees to make annual contributions through a salary deferral election of up to 90% of eligible compensation, subject to certain maximum limitations imposed by the Internal Revenue Code (the Code). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of 50 before the end of the close of the Plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make discretionary matching, profit sharing and qualified nonelective contributions. Participants must be employed on the last day of the year and have been credited with at least 1,000 hours of service to be eligible to receive the discretionary match and profit sharing contributions. Any participant making deferrals who is a non-highly compensated employee is eligible to receive qualified matching contributions. The Company did not make any employer contributions during the year ended December 31, 2020.

Participant accounts: Each participant's account is credited with the participant's contributions, allocation of Company discretionary matching, profit sharing and qualified nonelective contributions, and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options: Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Plan Administrator and Plan Sponsor and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Vesting: Participants are immediately vested in their elective deferrals including catch-up contributions, rollover contributions from other plans and actual earnings thereon. The method for crediting vesting service for Company discretionary matching, profit sharing and qualified nonelective contributions is based on continuous years of service. A participant becomes 100% vested in all contributions upon death, disability or attaining normal retirement age.

Note 1. Plan Description (Continued)

Participants are vested in Company discretionary matching and profit sharing contributions based on the schedule below. Participants are 100% vested in any qualified nonelective contributions.

Years of Service	Percentage Vested
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Notes receivable from participants: Participants who are active employees may borrow against their vested account balances a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or $50,000. The loans, in the form of promissory notes, are secured by the balances in the participant's account and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates on outstanding notes receivable ranged from 4.25% to 6.50% at December 31, 2020. Note terms generally range from one to five years except for notes to purchase a principal residence, which can exceed five years. Principal and interest are paid ratably through payroll deductions, and notes receivable outstanding at December 31, 2020 are due in various amounts through August 2025. A participant may have two loans outstanding at any one time.

Benefits paid to participants: Upon termination of service due to death, disability, or retirement, or any other reason, each participant can receive their vested account balance in one lump-sum payment. If the participant's account balance is $5,000 or less, the participant will receive a single distribution of their entire vested account balance. The Plan provides for the automatic rollover of vested participant balances above $1,000, but less than $5,000 into an individual retirement account if the participant does not elect to have the distribution paid directly to an eligible retirement plan in a direct rollover or to receive the distribution directly.

Participants may receive an in-service distribution from the Plan prior to termination provided they have attained age 59½. In addition, hardship distributions may be made to satisfy certain immediate and heavy financial needs a participant may have, subject to certain limitations as defined in the Plan agreement.

Forfeitures: Forfeited balances of terminated participants' nonvested accounts are used to pay plan expenses or to reduce employer contributions. At December 31, 2020 and 2019, the forfeited nonvested accounts totaled $95,565 and $89,262, respectively. During 2020, amounts of employer nonvested contributions forfeited were approximately $6,303 and no forfeitures were used to pay plan expenses or reduce employer contributions.

Coronavirus Aid, Relief and Economic Security (CARES) Act: On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. The CARES Act allows eligible plan participants to request penalty-free distributions of up to $100,000 before December 31, 2020, for qualifying reasons associated with the COVID-19 pandemic, permits increasing the limit for plan loans, permits suspension of loan payments due for up to one year and permits individuals to stop receiving 2020 required minimum distributions. The Plan has implemented certain provisions of the CARES Act and will execute a formal Plan amendment within the timeframe required by law.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments sold as well as held during the year. Brokerage fees, if any, are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduce and a benefit payment recorded.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule H, line 4i—schedule of assets (held at end of year).

Excess contributions payable: Amounts payable to certain participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants before March 15, 2021. The Plan distributed the 2019 excess contributions to the applicable participants before March 15, 2020.

Benefits paid to participants: Benefit payments to participants are recorded upon distribution.

Administrative expenses: Certain administrative functions are performed by officers or employees of the Plan Sponsor. However, such employees receive no compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the Company's discretion. Plan expenses, such as transaction fees from receiving a loan, withdrawal or distribution from the Plan, are deducted from participants' accounts or investment income.

Risks and uncertainties: The Plan provides for investments in a variety of investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

The coronavirus (COVID-19) pandemic continues to have an unprecedented impact on global and North American economic conditions. These conditions may continue to affect the fair values of Plan assets. The ultimate impact of COVID-19 on the Plan's financial position and results of operations is dependent on future developments, including the duration of the pandemic and the associated length of its impact on the global economy, which cannot be predicted.

Recently adopted accounting pronouncement: In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement: Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*. This amendment to the Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement, removes the disclosure requirements for the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of transfers between levels, the valuation process for Level 3 fair valued measurements, and for nonpublic entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. The amendment also clarifies that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurements as of the reporting date. The amendment also clarifies that in lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. This amendment was adopted by the Plan on January 1, 2020, and did not significantly impact the Plan's financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and disclosure through October 14, 2021, the date on which the financial statements were available to be issued.

Note 3. Information Certified and Provided by Fidelity Management Trust Company (Trustee)

The following is a summary of the Plan's asset and income information as of December 21, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee, Fidelity Management Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2020	2019
Investments, at fair value:		
Mutual funds	$ 4,873,170	$ 5,008,231
Money market funds	534,390	177,649
Self-directed brokerage accounts	30,964	-
Notes receivable from participants	39,155	115,524
	$ 5,477,679	$ 5,301,404

The trustee also certified to the completeness and accuracy of $365,393 of net appreciation in fair value of investments, $233,953 of dividends and interest income and $5,720 of interest income from notes receivable from participants related to the aforementioned assets for the year ended December 31, 2020.

Note 4. Fair Value Measurements

FASB ASC Topic 820, Fair Value Measurements and Disclosures (ASC 820), provides the framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quotes 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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2020 and 2019.

Money market funds: Valued based upon quoted market prices in the active market in which they are traded and is classified within Level 1 of the valuation hierarchy.

Mutual funds: Mutual funds are reported at fair value base on the quoted market price of the funds and are classified within Level 1 of the valuation hierarchy.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices and are classified within Level 1 of the valuation hierarchy.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019.

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
2020:				
Mutual funds	$ 4,873,170	$ -	$ -	$ 4,873,170
Money market funds	534,390	-	-	534,390
Self-directed brokerage accounts	30,964	-	-	30,964
Investments at fair value	$ 5,438,524	$ -	$ -	$ 5,438,524
2019:				
Mutual funds	$ 5,008,231	$ -	$ -	$ 5,008,231
Money market funds	177,649	-	-	177,649
Investments at fair value	$ 5,185,880	$ -	$ -	$ 5,185,880

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. For the year ended December 31, 2020, there were no transfers in or out of level 3.

Note 5. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. As such, transactions conducted with Fidelity Management Trust Company, the trustee of the Plan, and the Company qualify as party-in-interest transactions.

Note 6. 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 termination of the plan, participants would become fully vested in their entire account balances and the net assets of the Plan would be distributed to the participants of the Plan in accordance with the provisions of ERISA.

Note 7. Income Tax Status

The Plan adopted a volume submitter plan sponsored by Fidelity Management & Research Company. The volume submitted plan provider has received an advisory letter from the IRS as to the volume submitter plan's qualified status. The volume submitter advisory letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2020	2019
Net assets available for benefits per the financial statements	$ 5,172,437	$ 4,981,235
Employee contributions receivable	(12,202)	-
Excess contributions payable	317,444	320,169
Net assets available for benefits per the Form 5500	$ 5,477,679	$ 5,301,404

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2020:

Net increase in net assets available for benefits per the financial statements	$ 191,202
Current year employee contributions receivable	(12,202)
Prior year excess contributions payable	(320,169)
Current year excess contributions payable	317,444
Net increase in net assets available for benefits per the Form 5500	$ 176,275

Note 9. Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions of $146,702 were not remitted within the required time period for the year ended December 31, 2020. The Plan Sponsor intends to file Form 5330 and intends to pay the applicable excise tax in 2021. The excise tax payments will be made from the Plan Sponsor's assets and not from assets of the Plan. Contributions of $16,857 were not remitted within the required time period for the year ended December 31, 2019. The Plan sponsor filed Form 5330 and paid the applicable excise tax in 2020. The excise tax payments were made from the Plan Sponsor's assets and not from assets of the Plan.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

EIN: 75-2518300
PN: 001
Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
December 31, 2020

	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Plan Year	Check here If Participant Loan Repayments Are Included ✓	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2019	$ 16,857	$ -	$ -	$ -	$ 16,857
2020	$ 146,702	$ -	$ -	$ 146,702	$ -

VFCP = Voluntary Fiduciary Correction Program
PTE = Prohibited Transaction Exemption

See independent auditor's report.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

EIN: 75-2518300
PN: 001
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2020

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Money Market Fund			
*	Fidelity	Fidelity Retirement Money Market	$ 534,390
Mutual Funds			
*	Fidelity	Fidelity Contrafund	889,853
*	Fidelity	Fidelity Freedom 2050 Fund	861,240
*	Fidelity	Fidelity 500 Index Fund	575,754
*	Fidelity	Fidelity Freedom 2045 Fund	380,218
*	Fidelity	Fidelity Freedom 2040 Fund	284,155
*	Fidelity	Fidelity Total Market Index Fund	240,272
	Metropolitan West	Metropolitan West Total Return Bond M	167,202
	Invesco	Invesco Diversified Dividend Instl	150,619
	Oakmark	Oakmark Equity & Income I	136,397
*	Fidelity	Fidelity Freedom 2030 Fund	110,771
*	Fidelity	Fidelity Government Income Fund	97,664
*	Fidelity	Fidelity Small Cap Index Fund	82,274
	Oakmark	Oakmark International Fund I	79,577
*	Fidelity	Fidelity Freedom 2035 Fund	77,652
*	Fidelity	Fidelity Small Cap Discovery	73,270
*	Fidelity	Fidelity Capital & Income Fund	63,298
*	Fidelity	Fidelity Extended Market Index Fund	58,215
	Heartland Value Plus	Heartland Value Plus Fund	57,412
	Virtus Ceredex	VRTS C Mid Cap Value Equity	55,597
*	Fidelity	Fidelity Freedom 2025 Fund	54,315
	Neuberger Berman	Neuberger Berman Sustain EQ TR Fund	54,155
*	Fidelity	Fidelity International Index Fund	51,558
*	Fidelity	Fidelity Low Priced Stock	47,566
	Columbia	Columbia Mid Cap Growth Fund Z	46,143
	Calamos	Calamos Growth and Income Fund A	42,033
	Invesco	Invesco International Growth R5	40,408
	Cohen & Steers	Cohen & Steers Realty Shares Inc.	37,460
	American Century Utilities	American Century Utilities Fund Inv	19,569
	Harbor International	Harbor International Fund	14,295
	PIMCO Real Return	PIMCO Real Return Admin	13,556
	North Square Oak Ridge	NS OR Small Cap Growth Fund	10,672
			4,873,170
Self-directed brokerage accounts			
*	Fidelity	Fidelity Brokeragelink accounts	30,964
* Participants		Notes receivable with interest ranging from 4.25% to 6.50%, due through August 2025	39,155
			$ 5,477,679

*Party-in-interest to the Plan.

The information above has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Jefferson Dental Clinics
401(k) Profit Sharing Plan

Financial Report
December 31, 2020

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RSM US LLP

Independent Auditor's Report

Plan Administrator
Jefferson Dental Clinics 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jefferson Dental Clinics 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020, the related statement of changes in net assets available for benefits for the year then ended, 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 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 3, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020, and for the year then ended, 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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Other Matter—2019 Financial Statements
The financial statements of the Plan as of December 31, 2019, were audited by other auditors. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements; and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter—Supplemental Schedules
The supplemental schedules, schedule H, line 4a—schedule of delinquent participant contributions and schedule H, line 4i—schedule of assets (held at end of year), as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. 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.

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 or provided 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.

RSM US LLP

Dallas, Texas
October 14, 2021

Jefferson Dental Clinics 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value	**$ 5,438,524**	$ 5,185,880
Receivables:		
Employee contributions	**12,202**	-
Notes receivable from participants	**39,155**	115,524
	51,357	115,524
Total assets	**5,489,881**	5,301,404
Liabilities		
Excess contributions payable	**317,444**	320,169
Net assets available for benefits	**$ 5,172,437**	$ 4,981,235

See notes to financial statements.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	365,393
Dividends and interest income		233,953
Total investment income		599,346
Interest income from notes receivable from participants		5,720
Contributions:		
Participant		449,342
Total additions		1,054,408
Deductions from net assets attributed to:		
Benefits paid to participants		859,395
Administrative and other expenses		3,811
Total deductions		863,206
Net increase in net assets available for benefits		191,202
Net assets available for benefits:		
Beginning of year		4,981,235
End of year	$	5,172,437

See notes to financial statements.

Note 1. Plan Description

The following description of the Jefferson Dental Clinics 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by JDC Healthcare, PLLC dba Jefferson Dental Clinics (Company) for the benefit of its eligible employees. Related employers who also participate in the Plan include JDC Healthcare Management, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Fidelity Management Trust Company (Fidelity) is the trustee of the Plan.

Eligibility: Non-excluded employees of the Company become eligible to make elective deferrals upon completion of three months of service, as defined by the Plan. Excluded employees include employees covered by a collective bargaining agreement and nonresident aliens. Eligible employees may enter the Plan immediately.

Contributions: The Plan permits eligible employees to make annual contributions through a salary deferral election of up to 90% of eligible compensation, subject to certain maximum limitations imposed by the Internal Revenue Code (the Code). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of 50 before the end of the close of the Plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make discretionary matching, profit sharing and qualified nonelective contributions. Participants must be employed on the last day of the year and have been credited with at least 1,000 hours of service to be eligible to receive the discretionary match and profit sharing contributions. Any participant making deferrals who is a non-highly compensated employee is eligible to receive qualified matching contributions. The Company did not make any employer contributions during the year ended December 31, 2020.

Participant accounts: Each participant's account is credited with the participant's contributions, allocation of Company discretionary matching, profit sharing and qualified nonelective contributions, and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options: Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Plan Administrator and Plan Sponsor and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Vesting: Participants are immediately vested in their elective deferrals including catch-up contributions, rollover contributions from other plans and actual earnings thereon. The method for crediting vesting service for Company discretionary matching, profit sharing and qualified nonelective contributions is based on continuous years of service. A participant becomes 100% vested in all contributions upon death, disability or attaining normal retirement age.

Note 1. Plan Description (Continued)

Participants are vested in Company discretionary matching and profit sharing contributions based on the schedule below. Participants are 100% vested in any qualified nonelective contributions.

Years of Service	Percentage Vested
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Notes receivable from participants: Participants who are active employees may borrow against their vested account balances a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or $50,000. The loans, in the form of promissory notes, are secured by the balances in the participant's account and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates on outstanding notes receivable ranged from 4.25% to 6.50% at December 31, 2020. Note terms generally range from one to five years except for notes to purchase a principal residence, which can exceed five years. Principal and interest are paid ratably through payroll deductions, and notes receivable outstanding at December 31, 2020 are due in various amounts through August 2025. A participant may have two loans outstanding at any one time.

Benefits paid to participants: Upon termination of service due to death, disability, or retirement, or any other reason, each participant can receive their vested account balance in one lump-sum payment. If the participant's account balance is $5,000 or less, the participant will receive a single distribution of their entire vested account balance. The Plan provides for the automatic rollover of vested participant balances above $1,000, but less than $5,000 into an individual retirement account if the participant does not elect to have the distribution paid directly to an eligible retirement plan in a direct rollover or to receive the distribution directly.

Participants may receive an in-service distribution from the Plan prior to termination provided they have attained age 59½. In addition, hardship distributions may be made to satisfy certain immediate and heavy financial needs a participant may have, subject to certain limitations as defined in the Plan agreement.

Forfeitures: Forfeited balances of terminated participants' nonvested accounts are used to pay plan expenses or to reduce employer contributions. At December 31, 2020 and 2019, the forfeited nonvested accounts totaled $95,565 and $89,262, respectively. During 2020, amounts of employer nonvested contributions forfeited were approximately $6,303 and no forfeitures were used to pay plan expenses or reduce employer contributions.

Coronavirus Aid, Relief and Economic Security (CARES) Act: On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. The CARES Act allows eligible plan participants to request penalty-free distributions of up to $100,000 before December 31, 2020, for qualifying reasons associated with the COVID-19 pandemic, permits increasing the limit for plan loans, permits suspension of loan payments due for up to one year and permits individuals to stop receiving 2020 required minimum distributions. The Plan has implemented certain provisions of the CARES Act and will execute a formal Plan amendment within the timeframe required by law.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments sold as well as held during the year. Brokerage fees, if any, are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduce and a benefit payment recorded.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule H, line 4i—schedule of assets (held at end of year).

Excess contributions payable: Amounts payable to certain participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants before March 15, 2021. The Plan distributed the 2019 excess contributions to the applicable participants before March 15, 2020.

Benefits paid to participants: Benefit payments to participants are recorded upon distribution.

Administrative expenses: Certain administrative functions are performed by officers or employees of the Plan Sponsor. However, such employees receive no compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the Company's discretion. Plan expenses, such as transaction fees from receiving a loan, withdrawal or distribution from the Plan, are deducted from participants' accounts or investment income.

Risks and uncertainties: The Plan provides for investments in a variety of investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

The coronavirus (COVID-19) pandemic continues to have an unprecedented impact on global and North American economic conditions. These conditions may continue to affect the fair values of Plan assets. The ultimate impact of COVID-19 on the Plan's financial position and results of operations is dependent on future developments, including the duration of the pandemic and the associated length of its impact on the global economy, which cannot be predicted.

Recently adopted accounting pronouncement: In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement: Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*. This amendment to the Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement, removes the disclosure requirements for the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of transfers between levels, the valuation process for Level 3 fair valued measurements, and for nonpublic entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. The amendment also clarifies that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurements as of the reporting date. The amendment also clarifies that in lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. This amendment was adopted by the Plan on January 1, 2020, and did not significantly impact the Plan's financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and disclosure through October 14, 2021, the date on which the financial statements were available to be issued.

Note 3. Information Certified and Provided by Fidelity Management Trust Company (Trustee)

The following is a summary of the Plan's asset and income information as of December 21, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee, Fidelity Management Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2020	2019
Investments, at fair value:		
Mutual funds	$ 4,873,170	$ 5,008,231
Money market funds	534,390	177,649
Self-directed brokerage accounts	30,964	-
Notes receivable from participants	39,155	115,524
	$ 5,477,679	$ 5,301,404

The trustee also certified to the completeness and accuracy of $365,393 of net appreciation in fair value of investments, $233,953 of dividends and interest income and $5,720 of interest income from notes receivable from participants related to the aforementioned assets for the year ended December 31, 2020.

Note 4. Fair Value Measurements

FASB ASC Topic 820, Fair Value Measurements and Disclosures (ASC 820), provides the framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quotes 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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2020 and 2019.

Money market funds: Valued based upon quoted market prices in the active market in which they are traded and is classified within Level 1 of the valuation hierarchy.

Mutual funds: Mutual funds are reported at fair value base on the quoted market price of the funds and are classified within Level 1 of the valuation hierarchy.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices and are classified within Level 1 of the valuation hierarchy.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019.

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
2020:				
Mutual funds	$ 4,873,170	$ -	$ -	$ 4,873,170
Money market funds	534,390	-	-	534,390
Self-directed brokerage accounts	30,964	-	-	30,964
Investments at fair value	$ 5,438,524	$ -	$ -	$ 5,438,524
2019:				
Mutual funds	$ 5,008,231	$ -	$ -	$ 5,008,231
Money market funds	177,649	-	-	177,649
Investments at fair value	$ 5,185,880	$ -	$ -	$ 5,185,880

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. For the year ended December 31, 2020, there were no transfers in or out of level 3.

Note 5. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. As such, transactions conducted with Fidelity Management Trust Company, the trustee of the Plan, and the Company qualify as party-in-interest transactions.

Note 6. 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 termination of the plan, participants would become fully vested in their entire account balances and the net assets of the Plan would be distributed to the participants of the Plan in accordance with the provisions of ERISA.

Note 7. Income Tax Status

The Plan adopted a volume submitter plan sponsored by Fidelity Management & Research Company. The volume submitted plan provider has received an advisory letter from the IRS as to the volume submitter plan's qualified status. The volume submitter advisory letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2020	2019
Net assets available for benefits per the financial statements	$ 5,172,437	$ 4,981,235
Employee contributions receivable	(12,202)	-
Excess contributions payable	317,444	320,169
Net assets available for benefits per the Form 5500	$ 5,477,679	$ 5,301,404

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2020:

Net increase in net assets available for benefits per the financial statements	$ 191,202
Current year employee contributions receivable	(12,202)
Prior year excess contributions payable	(320,169)
Current year excess contributions payable	317,444
Net increase in net assets available for benefits per the Form 5500	$ 176,275

Note 9. Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions of $146,702 were not remitted within the required time period for the year ended December 31, 2020. The Plan Sponsor intends to file Form 5330 and intends to pay the applicable excise tax in 2021. The excise tax payments will be made from the Plan Sponsor's assets and not from assets of the Plan. Contributions of $16,857 were not remitted within the required time period for the year ended December 31, 2019. The Plan sponsor filed Form 5330 and paid the applicable excise tax in 2020. The excise tax payments were made from the Plan Sponsor's assets and not from assets of the Plan.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

EIN: 75-2518300
PN: 001
Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
December 31, 2020

	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Plan Year	Check here If Participant Loan Repayments Are Included ✓	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2019	$ 16,857	$ -	$ -	$ -	$ 16,857
2020	$ 146,702	$ -	$ -	$ 146,702	$ -

VFCP = Voluntary Fiduciary Correction Program
PTE = Prohibited Transaction Exemption

See independent auditor's report.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

EIN: 75-2518300
PN: 001
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2020

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Money Market Fund			
*	Fidelity	Fidelity Retirement Money Market	$ 534,390
Mutual Funds			
*	Fidelity	Fidelity Contrafund	889,853
*	Fidelity	Fidelity Freedom 2050 Fund	861,240
*	Fidelity	Fidelity 500 Index Fund	575,754
*	Fidelity	Fidelity Freedom 2045 Fund	380,218
*	Fidelity	Fidelity Freedom 2040 Fund	284,155
*	Fidelity	Fidelity Total Market Index Fund	240,272
	Metropolitan West	Metropolitan West Total Return Bond M	167,202
	Invesco	Invesco Diversified Dividend Instl	150,619
	Oakmark	Oakmark Equity & Income I	136,397
*	Fidelity	Fidelity Freedom 2030 Fund	110,771
*	Fidelity	Fidelity Government Income Fund	97,664
*	Fidelity	Fidelity Small Cap Index Fund	82,274
	Oakmark	Oakmark International Fund I	79,577
*	Fidelity	Fidelity Freedom 2035 Fund	77,652
*	Fidelity	Fidelity Small Cap Discovery	73,270
*	Fidelity	Fidelity Capital & Income Fund	63,298
*	Fidelity	Fidelity Extended Market Index Fund	58,215
	Heartland Value Plus	Heartland Value Plus Fund	57,412
	Virtus Ceredex	VRTS C Mid Cap Value Equity	55,597
*	Fidelity	Fidelity Freedom 2025 Fund	54,315
	Neuberger Berman	Neuberger Berman Sustain EQ TR Fund	54,155
*	Fidelity	Fidelity International Index Fund	51,558
*	Fidelity	Fidelity Low Priced Stock	47,566
	Columbia	Columbia Mid Cap Growth Fund Z	46,143
	Calamos	Calamos Growth and Income Fund A	42,033
	Invesco	Invesco International Growth R5	40,408
	Cohen & Steers	Cohen & Steers Realty Shares Inc.	37,460
	American Century Utilities	American Century Utilities Fund Inv	19,569
	Harbor International	Harbor International Fund	14,295
	PIMCO Real Return	PIMCO Real Return Admin	13,556
	North Square Oak Ridge	NS OR Small Cap Growth Fund	10,672
			4,873,170
Self-directed brokerage accounts			
*	Fidelity	Fidelity Brokeragelink accounts	30,964
* Participants		Notes receivable with interest ranging from 4.25% to 6.50%, due through August 2025	39,155
			$ 5,477,679

*Party-in-interest to the Plan.

The information above has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Jefferson Dental Clinics
401(k) Profit Sharing Plan

Financial Report
December 31, 2020

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RSM US LLP

Independent Auditor's Report

Plan Administrator
Jefferson Dental Clinics 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jefferson Dental Clinics 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020, the related statement of changes in net assets available for benefits for the year then ended, 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 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 3, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020, and for the year then ended, 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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Other Matter—2019 Financial Statements
The financial statements of the Plan as of December 31, 2019, were audited by other auditors. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements; and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter—Supplemental Schedules
The supplemental schedules, schedule H, line 4a—schedule of delinquent participant contributions and schedule H, line 4i—schedule of assets (held at end of year), as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. 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.

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 or provided 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.

RSM US LLP

Dallas, Texas
October 14, 2021

Jefferson Dental Clinics 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value	**$ 5,438,524**	$ 5,185,880
Receivables:		
Employee contributions	**12,202**	-
Notes receivable from participants	**39,155**	115,524
	51,357	115,524
Total assets	**5,489,881**	5,301,404
Liabilities		
Excess contributions payable	**317,444**	320,169
Net assets available for benefits	**$ 5,172,437**	$ 4,981,235

See notes to financial statements.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	365,393
Dividends and interest income		233,953
Total investment income		599,346
Interest income from notes receivable from participants		5,720
Contributions:		
Participant		449,342
Total additions		1,054,408
Deductions from net assets attributed to:		
Benefits paid to participants		859,395
Administrative and other expenses		3,811
Total deductions		863,206
Net increase in net assets available for benefits		191,202
Net assets available for benefits:		
Beginning of year		4,981,235
End of year	$	5,172,437

See notes to financial statements.

Note 1. Plan Description

The following description of the Jefferson Dental Clinics 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by JDC Healthcare, PLLC dba Jefferson Dental Clinics (Company) for the benefit of its eligible employees. Related employers who also participate in the Plan include JDC Healthcare Management, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Fidelity Management Trust Company (Fidelity) is the trustee of the Plan.

Eligibility: Non-excluded employees of the Company become eligible to make elective deferrals upon completion of three months of service, as defined by the Plan. Excluded employees include employees covered by a collective bargaining agreement and nonresident aliens. Eligible employees may enter the Plan immediately.

Contributions: The Plan permits eligible employees to make annual contributions through a salary deferral election of up to 90% of eligible compensation, subject to certain maximum limitations imposed by the Internal Revenue Code (the Code). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of 50 before the end of the close of the Plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make discretionary matching, profit sharing and qualified nonelective contributions. Participants must be employed on the last day of the year and have been credited with at least 1,000 hours of service to be eligible to receive the discretionary match and profit sharing contributions. Any participant making deferrals who is a non-highly compensated employee is eligible to receive qualified matching contributions. The Company did not make any employer contributions during the year ended December 31, 2020.

Participant accounts: Each participant's account is credited with the participant's contributions, allocation of Company discretionary matching, profit sharing and qualified nonelective contributions, and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options: Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Plan Administrator and Plan Sponsor and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Vesting: Participants are immediately vested in their elective deferrals including catch-up contributions, rollover contributions from other plans and actual earnings thereon. The method for crediting vesting service for Company discretionary matching, profit sharing and qualified nonelective contributions is based on continuous years of service. A participant becomes 100% vested in all contributions upon death, disability or attaining normal retirement age.

Note 1. Plan Description (Continued)

Participants are vested in Company discretionary matching and profit sharing contributions based on the schedule below. Participants are 100% vested in any qualified nonelective contributions.

Years of Service	Percentage Vested
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Notes receivable from participants: Participants who are active employees may borrow against their vested account balances a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or $50,000. The loans, in the form of promissory notes, are secured by the balances in the participant's account and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates on outstanding notes receivable ranged from 4.25% to 6.50% at December 31, 2020. Note terms generally range from one to five years except for notes to purchase a principal residence, which can exceed five years. Principal and interest are paid ratably through payroll deductions, and notes receivable outstanding at December 31, 2020 are due in various amounts through August 2025. A participant may have two loans outstanding at any one time.

Benefits paid to participants: Upon termination of service due to death, disability, or retirement, or any other reason, each participant can receive their vested account balance in one lump-sum payment. If the participant's account balance is $5,000 or less, the participant will receive a single distribution of their entire vested account balance. The Plan provides for the automatic rollover of vested participant balances above $1,000, but less than $5,000 into an individual retirement account if the participant does not elect to have the distribution paid directly to an eligible retirement plan in a direct rollover or to receive the distribution directly.

Participants may receive an in-service distribution from the Plan prior to termination provided they have attained age 59½. In addition, hardship distributions may be made to satisfy certain immediate and heavy financial needs a participant may have, subject to certain limitations as defined in the Plan agreement.

Forfeitures: Forfeited balances of terminated participants' nonvested accounts are used to pay plan expenses or to reduce employer contributions. At December 31, 2020 and 2019, the forfeited nonvested accounts totaled $95,565 and $89,262, respectively. During 2020, amounts of employer nonvested contributions forfeited were approximately $6,303 and no forfeitures were used to pay plan expenses or reduce employer contributions.

Coronavirus Aid, Relief and Economic Security (CARES) Act: On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. The CARES Act allows eligible plan participants to request penalty-free distributions of up to $100,000 before December 31, 2020, for qualifying reasons associated with the COVID-19 pandemic, permits increasing the limit for plan loans, permits suspension of loan payments due for up to one year and permits individuals to stop receiving 2020 required minimum distributions. The Plan has implemented certain provisions of the CARES Act and will execute a formal Plan amendment within the timeframe required by law.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments sold as well as held during the year. Brokerage fees, if any, are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduce and a benefit payment recorded.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule H, line 4i—schedule of assets (held at end of year).

Excess contributions payable: Amounts payable to certain participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants before March 15, 2021. The Plan distributed the 2019 excess contributions to the applicable participants before March 15, 2020.

Benefits paid to participants: Benefit payments to participants are recorded upon distribution.

Administrative expenses: Certain administrative functions are performed by officers or employees of the Plan Sponsor. However, such employees receive no compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the Company's discretion. Plan expenses, such as transaction fees from receiving a loan, withdrawal or distribution from the Plan, are deducted from participants' accounts or investment income.

Risks and uncertainties: The Plan provides for investments in a variety of investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

The coronavirus (COVID-19) pandemic continues to have an unprecedented impact on global and North American economic conditions. These conditions may continue to affect the fair values of Plan assets. The ultimate impact of COVID-19 on the Plan's financial position and results of operations is dependent on future developments, including the duration of the pandemic and the associated length of its impact on the global economy, which cannot be predicted.

Recently adopted accounting pronouncement: In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement: Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*. This amendment to the Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement, removes the disclosure requirements for the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of transfers between levels, the valuation process for Level 3 fair valued measurements, and for nonpublic entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. The amendment also clarifies that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurements as of the reporting date. The amendment also clarifies that in lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. This amendment was adopted by the Plan on January 1, 2020, and did not significantly impact the Plan's financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and disclosure through October 14, 2021, the date on which the financial statements were available to be issued.

Note 3. Information Certified and Provided by Fidelity Management Trust Company (Trustee)

The following is a summary of the Plan's asset and income information as of December 21, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee, Fidelity Management Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2020	2019
Investments, at fair value:		
Mutual funds	$ 4,873,170	$ 5,008,231
Money market funds	534,390	177,649
Self-directed brokerage accounts	30,964	-
Notes receivable from participants	39,155	115,524
	$ 5,477,679	$ 5,301,404

The trustee also certified to the completeness and accuracy of $365,393 of net appreciation in fair value of investments, $233,953 of dividends and interest income and $5,720 of interest income from notes receivable from participants related to the aforementioned assets for the year ended December 31, 2020.

Note 4. Fair Value Measurements

FASB ASC Topic 820, Fair Value Measurements and Disclosures (ASC 820), provides the framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quotes 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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2020 and 2019.

Money market funds: Valued based upon quoted market prices in the active market in which they are traded and is classified within Level 1 of the valuation hierarchy.

Mutual funds: Mutual funds are reported at fair value base on the quoted market price of the funds and are classified within Level 1 of the valuation hierarchy.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices and are classified within Level 1 of the valuation hierarchy.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019.

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
2020:				
Mutual funds	$ 4,873,170	$ -	$ -	$ 4,873,170
Money market funds	534,390	-	-	534,390
Self-directed brokerage accounts	30,964	-	-	30,964
Investments at fair value	$ 5,438,524	$ -	$ -	$ 5,438,524
2019:				
Mutual funds	$ 5,008,231	$ -	$ -	$ 5,008,231
Money market funds	177,649	-	-	177,649
Investments at fair value	$ 5,185,880	$ -	$ -	$ 5,185,880

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. For the year ended December 31, 2020, there were no transfers in or out of level 3.

Note 5. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. As such, transactions conducted with Fidelity Management Trust Company, the trustee of the Plan, and the Company qualify as party-in-interest transactions.

Note 6. 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 termination of the plan, participants would become fully vested in their entire account balances and the net assets of the Plan would be distributed to the participants of the Plan in accordance with the provisions of ERISA.

Note 7. Income Tax Status

The Plan adopted a volume submitter plan sponsored by Fidelity Management & Research Company. The volume submitted plan provider has received an advisory letter from the IRS as to the volume submitter plan's qualified status. The volume submitter advisory letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2020	2019
Net assets available for benefits per the financial statements	$ 5,172,437	$ 4,981,235
Employee contributions receivable	(12,202)	-
Excess contributions payable	317,444	320,169
Net assets available for benefits per the Form 5500	$ 5,477,679	$ 5,301,404

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2020:

Net increase in net assets available for benefits per the financial statements	$ 191,202
Current year employee contributions receivable	(12,202)
Prior year excess contributions payable	(320,169)
Current year excess contributions payable	317,444
Net increase in net assets available for benefits per the Form 5500	$ 176,275

Note 9. Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions of $146,702 were not remitted within the required time period for the year ended December 31, 2020. The Plan Sponsor intends to file Form 5330 and intends to pay the applicable excise tax in 2021. The excise tax payments will be made from the Plan Sponsor's assets and not from assets of the Plan. Contributions of $16,857 were not remitted within the required time period for the year ended December 31, 2019. The Plan sponsor filed Form 5330 and paid the applicable excise tax in 2020. The excise tax payments were made from the Plan Sponsor's assets and not from assets of the Plan.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

EIN: 75-2518300
PN: 001
Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
December 31, 2020

	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Plan Year	Check here If Participant Loan Repayments Are Included ✓	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2019	$ 16,857	$ -	$ -	$ -	$ 16,857
2020	$ 146,702	$ -	$ -	$ 146,702	$ -

VFCP = Voluntary Fiduciary Correction Program
PTE = Prohibited Transaction Exemption

See independent auditor's report.

Jefferson Dental Clinics 401(k) Profit Sharing Plan

EIN: 75-2518300
PN: 001
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2020

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Money Market Fund			
*	Fidelity	Fidelity Retirement Money Market	$ 534,390
Mutual Funds			
*	Fidelity	Fidelity Contrafund	889,853
*	Fidelity	Fidelity Freedom 2050 Fund	861,240
*	Fidelity	Fidelity 500 Index Fund	575,754
*	Fidelity	Fidelity Freedom 2045 Fund	380,218
*	Fidelity	Fidelity Freedom 2040 Fund	284,155
*	Fidelity	Fidelity Total Market Index Fund	240,272
	Metropolitan West	Metropolitan West Total Return Bond M	167,202
	Invesco	Invesco Diversified Dividend Instl	150,619
	Oakmark	Oakmark Equity & Income I	136,397
*	Fidelity	Fidelity Freedom 2030 Fund	110,771
*	Fidelity	Fidelity Government Income Fund	97,664
*	Fidelity	Fidelity Small Cap Index Fund	82,274
	Oakmark	Oakmark International Fund I	79,577
*	Fidelity	Fidelity Freedom 2035 Fund	77,652
*	Fidelity	Fidelity Small Cap Discovery	73,270
*	Fidelity	Fidelity Capital & Income Fund	63,298
*	Fidelity	Fidelity Extended Market Index Fund	58,215
	Heartland Value Plus	Heartland Value Plus Fund	57,412
	Virtus Ceredex	VRTS C Mid Cap Value Equity	55,597
*	Fidelity	Fidelity Freedom 2025 Fund	54,315
	Neuberger Berman	Neuberger Berman Sustain EQ TR Fund	54,155
*	Fidelity	Fidelity International Index Fund	51,558
*	Fidelity	Fidelity Low Priced Stock	47,566
	Columbia	Columbia Mid Cap Growth Fund Z	46,143
	Calamos	Calamos Growth and Income Fund A	42,033
	Invesco	Invesco International Growth R5	40,408
	Cohen & Steers	Cohen & Steers Realty Shares Inc.	37,460
	American Century Utilities	American Century Utilities Fund Inv	19,569
	Harbor International	Harbor International Fund	14,295
	PIMCO Real Return	PIMCO Real Return Admin	13,556
	North Square Oak Ridge	NS OR Small Cap Growth Fund	10,672
			4,873,170
Self-directed brokerage accounts			
*	Fidelity	Fidelity Brokeragelink accounts	30,964
* Participants		Notes receivable with interest ranging from 4.25% to 6.50%, due through August 2025	39,155
			$ 5,477,679

*Party-in-interest to the Plan.

The information above has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.