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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
PACIFIC DENTAL SERVICES, LLC

17000 RED HILL AVENUE
IRVINE, CA 92614

2b Employer Identification Number (EIN) 33-0681491

2c Plan Sponsor's telephone number 714-845-8500

2d Business code (see instructions) 551112

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.	10/11/2022	TAYLOR HAWES
	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**	13810
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)**	9887
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10865
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4565
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	15430
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**	**6f**	15436
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	15309
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2450
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 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC DENTAL SERVICES, LLC

D Employer Identification Number (EIN)
33-0681491

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	MR 60226-1	15452	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	16677471
c	Additions: (1) Contributions deposited during the year	7c(1)	1037031		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	456191		
	(4) Transferred from separate account	7c(4)	3670965		
	(5) Other (specify below)	7c(5)	380871		
	▶ TRANSFERS TO FORFEITURES, LOAN INTEREST, LOAN REPAYMENT, LOAN DEFAULT				
	(6)Total additions			7c(6)	5545058
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	22222529
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1168894		
	(2) Administration charge made by carrier	7e(2)	435073		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	1465424		
	▶ TRANSFER FROM FORFEITURES, STALE CHECKS REISSUED, LOANS ISSUED				
	(5) Total deductions			7e(5)	3069391
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	19153138

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PACIFIC DENTAL SERVICES, LLC	33-0681491

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MASSACHUSETTS MUTUAL LIFE INS CO

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 38 52 62 64 72	CONTRACT ADMIN	1102857	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PENSION BENEFITS UNLIMITED,INC

33-0499726

(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?
13 17 50	TPA	322514	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGEVIEW ADVISORY GROUP, LLC

33-0818667

(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?
26 27	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	67536	Yes [ ] No [X]

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)

WINDES, INC

95-3001179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	23500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METROPOLITAN WEST ASSET MGMT

95-4597302

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

HARBOR

34-1953393

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

PUTNAM

04-6407893

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

PUTNAM

74-6750405

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

VICTORY

31-6364605

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

VANGUARD

23-1945930

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

VANGUARD

23-1999755

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

VANGUARD

23-2311358

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

BLACKROCK

51-0318674

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ALTA TRUST

83-0524193

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

BROWN CAPITAL MANAGEMENTS

84-0996383

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

GREAT WEST LIFE & ANNUITY INS CO

84-0467907

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

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

MFS INVESTMENT MANAGEMENT

04-3158862

(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?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
PUTNAM	52	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.
PUTNAM LARGE CAP VALUE CIT 74-6750405	0.34 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PUTNAM	52	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.
PUTNAM LARGE CAP VALUE FUND 04-6407893	0.46 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTA TRUST	52	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.
EAGLE MID CAP GROWTH CIT 83-0524193	0.50 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD MID CAP INDEX FUND 23-1999755	0.04 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD SMALL CAP INDEX FUND 23-1999755	0.04 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARBOR	52	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 CAPITAL APPRECIATION FUND 34-1953393	0.60 BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET INC FD 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2015 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSL TARGET RET 2020 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2025 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2030 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2035 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2040 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2045 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTL TARGET RET 2050 23-2311358	0.09 BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD INSTL TARGET RET 2055 23-2311358	0.35 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD INSTL TARGET RET 2060 23-2311358	0.73 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD REAL ESTATE FUND 23-1945930	0.11 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TOTAL INTL STOCK INDEX FD 23-1945930	0.09 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TOTAL BOND MRKT INDEX FD 23-1945930	0.04 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	0.03 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VICTORY	52	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.
VICTORY SYCAMORE SM CO OPPTY FUND 31-6364605	0.76 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLACKROCK	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK HLTH SCIENCES OPPORTS FD 51-0318674	0.74 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MFS INVESTMENT MANAGEMENT	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MID CAP VALUE FUND 04-3158862	0.62 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW WORLD FUND 95-1411037	0.51 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	52	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.
AMER FUNDS EUROPACIFIC GROWTH FUND 95-1411037	0.41 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BROWN CAPITAL MANAGEMENT	62	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.
BROWN CAPITAL MGMT SMALL CO FD 84-0996383	1.00 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	49	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.
MILLENNIUM TRUST COMPANY, LLC 36-4400066	REFERRAL FEE: $50 FOR ROLLOVER OF $10000 OR MORE; $40 FOR ROLLOVER OF $500 TO LESS THAN $10000; $20 FOR ROLLOVER OF $150 TO LESS THAN $500

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	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.
SAGIC (60226SPE5) 04-1590850	0.42 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	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.
MASSMUTUAL HIGH YIELD FUND 04-3520009	0.47 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52 72	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.
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	INVESTMENT MGMT FEE 0.35 BASIS POINTS *PLAN ASSETS; ADMIN FEE 0.10% BASIS POINTS * PLAN ASSET

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
METROPOLITAN WEST ASSET MANAGEMENT	52	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.
METROPOLITAN WEST TOTAL RTRN BND FD 95-4597302	0.35 BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SAGEVIEW ADVISORY GROUP	27	67536

(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.
GREAT WEST LIFE & ANNUITY INS CO 84-0467907	PLAN RELATED EXPENSES

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
VANGUARD	52	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.
VANGUARD INSTL TARGET RET 2065 23-2311358	0.09 BASIS POINTS * PLAN ASSETS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PACIFIC DENTAL SERVICES, LLC

D Employer Identification Number (EIN)
33-0681491

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EAGLE MID CAP GROWTH CIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-0524193-001	C	2743721

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE CIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-3639536-275	C	6958852

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC DENTAL SERVICES, LLC

D Employer Identification Number (EIN)
33-0681491

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	10203	862
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	279	27305
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6676315	6589975
(9) Value of interest in common/collective trusts	1c(9)	2443491	9702573
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	281928954	344557125
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16677471	19153138
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	307736713	380030978
	Liabilities			
g	Benefit claims payable	1g	168806	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	168806	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	307567907	380030978

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	8576142	
	(B) Participants	2a(1)(B)	45356009	
	(C) Others (including rollovers)	2a(1)(C)	2055476	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		55987627
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	460451	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	321527	
	(F) Other	2b(1)(F)	106	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		782084
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		667418
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		43754760
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		101191889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27275243	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27275243
f Corrective distributions (see instructions)	2f		4704
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	23500	
(2) Contract administrator fees	2i(2)	1425371	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1448871
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28728818
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		72463071
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] 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: WINDES, INC. **(2)** EIN: 95-3001179

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		918

			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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC DENTAL SERVICES, LLC

D Employer Identification Number (EIN)
33-0681491

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** 0

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): 04-1590850

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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 _____



PACIFIC
DENTAL SERVICES™

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2021

TABLE OF CONTENTS

Independent Auditors' Report.....1-4

Statements of Net Assets Available for Benefits..... 5

Statement of Changes in Net Assets Available for Benefits 6

Notes to the Financial Statements 7-17

Schedule H, Part IV, Item 4a – Schedule of Delinquent Participant Contributions 18

Schedule H, Part IV, Item 4i – Schedule of Assets Held at End of Year 19-20

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Pacific Dental Services, LLC 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Pacific Dental Services, LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from the qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2021 financial statements related to assets held by and certified to by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by the institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets Held at End of Year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

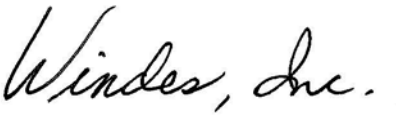
In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by the institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated October 11, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Irvine, California
October 11, 2022

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2021	**2020**
ASSETS		
Investments, at fair value	$ 354,287,003	$ 284,372,724
Investments, at contract value	19,153,138	16,677,471
	373,440,141	301,050,195
Receivables:		
Participant contributions	862	10,203
Notes receivable from participants	6,589,975	6,676,315
	6,590,837	6,686,518
	380,030,978	307,736,713
LIABILITIES		
Excess contributions payable	-	168,806
NET ASSETS AVAILABLE FOR BENEFITS	$ 380,030,978	$ 307,567,907

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

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 33,086,597
Interest and dividends	11,796,138
	44,882,735
Interest income on notes receivable from participants	321,527
Contributions:	
Participant	45,356,009
Employer	8,576,142
Rollover	2,055,476
	55,987,627
Total Additions	101,191,889
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	27,279,947
Administrative expenses	1,448,871
Total Deductions	28,728,818
NET INCREASE	72,463,071
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	307,567,907
END OF YEAR	$ 380,030,978

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

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 1 – Description of the Plan

The following description of the Pacific Dental Services, LLC (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan covering all eligible employees of the Company and participating employers (collectively, the Employer). An employee can become eligible for participation following the date upon which the employee completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors performance.

Contributions

Participants may elect to make pre-tax 401(k) contributions to the Plan of up to 80% of eligible compensation, as defined in the plan document, up to the maximum amount allowed by law. In addition, participants may elect to make after-tax (Roth) contributions to the Plan of up to 80% of eligible compensation. Participants who have attained the age of 50 before the end of the year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision where by all newly eligible employees are automatically enrolled in the Plan unless they elect otherwise. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions are invested in a default investment account until otherwise directed by the participant. The automatic deferral amount will increase by 1% each subsequent plan year, up to a maximum 6% of compensation, unless the employee makes a new salary deferral election. Automatic enrollment contributions begin on the participant's entry date to the Plan. Eligible participants enter the Plan the first day of each month once the eligibility requirements are met. The Plan provides for discretionary company matching contributions. For 2021, this amount was set at 33 cents for every dollar a participant contributes to the Plan for the first 6% of eligible compensation, up to a maximum of $1,500 per plan year per participant. The Company may also make discretionary profit-sharing contributions to the Plan. The Company made no profit-sharing contributions during the year ended December 31, 2021. The Company's contributions are invested as directed by participants. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

NOTE 1 – Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching contributions, as well as allocations of the Company's profit-sharing contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. For the Company's matching contributions and profit-sharing contributions, a participant is vested 20% after two years and is 100% vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The interest rate for loans is set at 1% above the prime rate, as defined. Principal and interest are paid ratably at least quarterly or through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant will receive a lump-sum distribution equal to the value of the vested interest in the participant's account.

In-Service Withdrawals

Participants who are at least 59-½ years of age are entitled to receive a distribution of all or any portion of their vested account balance.

NOTE 1 – Description of the Plan (Continued)

In-Service Withdrawals (Continued)

Hardship withdrawals, which meet a hardship purpose of immediate and heavy financial need, are permitted as provided in the plan agreement. Such amounts may be drawn by employees of the Company only from a participant's vested account balance and may be subjected to certain income tax penalties.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled $2,126,282 and $1,407,268, respectively. Forfeited nonvested amounts are first used to pay administrative expenses of the Plan. Any remaining forfeitures are used to reduce company contributions into the Plan. During 2021, forfeited nonvested accounts of $390,990 were used to pay administrative expenses of the Plan. Also in 2021, forfeited nonvested accounts of $1,206,694 were used to reduce company contributions into the Plan.

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 plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. 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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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, 2021 or 2020.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contribution payable to the applicable participants in June 2021.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value investments.

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued.

Effective January 1, 2022, the Plan was restated to bring it into compliance with the legislative and regulatory requirements by the IRS. The IRS issued an opinion letter dated June 30, 2020, stating the non-standardized pre-approved profit-sharing plan adopted by the Plan, effective January 1, 2022, as then designed, qualifies under Section 401(a) of the Internal Revenue Code.

As a part of the restatement, the Plan was amended as follows, effective June 1, 2022:

1) An employee can now become eligible for participation following the date upon which the employee completes one month of service
2) The automatic deferral amount will increase by 1% each subsequent plan year, up to a maximum 10% of compensation, unless the employee makes a new salary deferral election
3) On termination of service due to death, disability, retirement, or other reasons, a participant can now receive installment payments
4) Hardship withdrawals are subject to a $500 minimum

Pursuant to an amendment effective January 6, 2022, any eligible employee who was an active participant of Patolus Operations, LLC on December 31, 2021; and any terminated participants of Pacific Dental Services, LLC who are hired by Patolus Operations, LLC effective January 1, 2022, shall be fully vested in all contributions.

NOTE 3 – Information Prepared and Certified by the Custodians

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Life & Annuity Insurance Company under power of attorney granted by Massachusetts Mutual Life Insurance Company (Great-West), the custodian of the Plan, and Reliance Trust Company (Reliance), the trustee of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments and notes receivable from participants:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of assets held at end of year

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

NOTE 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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.

NOTE 4 – Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Interest-bearing cash: Valued at cost plus accrued interest, which approximates fair value.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 4 – Fair Value Measurements (Continued)

Collective investment trusts: Valued at NAV of units of the trust. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2021 and 2020:

	Assets at Fair Value as of December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 27,305	$ -	$ -	$ 27,305
Mutual funds	344,557,125	-	-	344,557,125
Collective investment trusts	-	9,702,573	-	9,702,573
Investments at fair value	$ 344,584,430	$ 9,702,573	$ -	$ 354,287,003

	Assets at Fair Value as of December 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 281,929,233	$ -	$ -	$ 281,929,233
Collective investment trust	-	2,443,491	-	2,443,491
Investments at fair value	$ 281,929,233	$ 2,443,491	$ -	$ 284,372,724

NOTE 5 – Fully Benefit-Responsive Interest Contract

The Plan invests in a fully benefit-responsive group annuity product, which is the Fixed Interest Fund, a stable value fund, with a general account guarantee that provides a stated rate of return. The Fixed Interest Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The group annuity product issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly or semi-annual basis for resetting. The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Great-West, was $19,153,138 and $16,677,471 at December 31, 2021 and 2020, respectively, and represents contributions made under the contracts, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
- Premature termination of the contracts
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

NOTE 5 – Fully Benefit-Responsive Interest Contract (Continued)

The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact with the participants, is probable. In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

NOTE 6 – Related-Party Transactions and Party-In-Interest Transactions

Certain plan investments are managed or held by Great-West, on behalf of Massachusetts Mutual Life Insurance Company (MassMutual), and Reliance. Great-West is the custodian and recordkeeper for the Plan and Reliance is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to MassMutual of approximately $1,103,000, which was not covered by revenue sharing. The plan sponsor pays directly any other fees related to the Plan's operations.

NOTE 7 – Plan Termination

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

NOTE 8 – Tax Status

On March 31, 2014, the IRS ruled that the volume-submitter profit-sharing plan adopted by the Plan, as then designed, qualifies under applicable sections of the IRC by issuing an opinion letter. The Plan has not received a determination letter specific to the Plan itself. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – Risks and Uncertainties

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

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2021
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001

	Participant Contributions and Loan Repayments Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE** 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
(1)	$ 126	$ -	$ 126	$ -	$ -
(2)	792	792	-	-	-
	$ 918	$ 792	$ 126	$ -	$ -

* Voluntary Fiduciary Correction Program
** Prohibited Transaction Exemption

(1) The above contributions were transferred late during the 2020 Plan year and were corrected during 2021.
(2) The above contributions were transferred late during the 2021 Plan year and were corrected during 2022.

See Independent Auditors' Report

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2021
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001

Identity of Issuer	Description of Investment	Current Value
* Empower Holding Account	Interest-Bearing Cash	$ 27,305
BlackRock Hlth Scnes Opprts Fd	Mutual Fund	5,834,065
Harbor Capital Appreciation Fd	Mutual Fund	15,507,072
AmerFunds EuroPacific Gr Fund	Mutual Fund	3,259,435
American Funds New World Fund	Mutual Fund	2,168,450
Brown Capital Mgmnt Sm Co Fd	Mutual Fund	3,269,639
Metropolitan West Tl Return Bnd Fd	Mutual Fund	6,453,973
MFS Mid Cap Value Fund	Mutual Fund	3,013,244
Vanguard Institutional Indx Fd	Mutual Fund	28,417,359
Vanguard Mid Cap Index Fund	Mutual Fund	6,983,176
Vanguard Small Cap Index Fund	Mutual Fund	7,024,257
Vanguard Tot Intl Stck Indx Fd	Mutual Fund	5,489,869
Vanguard Totl Bnd Mrkt Indx d	Mutual Fund	3,509,601
Victory Sycamore Sm Co Oppt Fd	Mutual Fund	1,404,692
Vanguard Real Estate Index Fd	Mutual Fund	4,174,865
Vanguard Instl Target Ret Inc	Mutual Fund	5,930,787
Vanguard Instl Target Ret 2015	Mutual Fund	63,101
Vanguard Instl Target Ret 2020	Mutual Fund	17,721,589
Vanguard Instl Target Ret 2025	Mutual Fund	2,846,200
Vanguard Instl Target Ret 2030	Mutual Fund	25,737,407
Vanguard Instl Target Ret 2035	Mutual Fund	7,929,308
Vanguard Instl Target Ret 2040	Mutual Fund	38,546,224
Vanguard Instl Target Ret 2045	Mutual Fund	20,647,935
Vanguard Instl Target Ret 2050	Mutual Fund	72,216,854
Vanguard Instl Target Ret 2055	Mutual Fund	37,501,643
Vanguard Instl Target Ret 2060	Mutual Fund	14,549,288
Vanguard Istl Trgt Ret 2065 Fd	Mutual Fund	2,872,362
* MassMutual High Yield Fund	Mutual Fund	1,484,730
		344,557,125

See Independent Auditors' Report

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2021
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
Eagle Mid Cap Growth CIT	Collective Investment Trust	2,743,721
Putnam Large Cap Value CIT	Collective Investment Trust	6,958,852
		9,702,573
* Fixed Interest Fund	Separate Account Guaranteed Interest Contract	19,153,138
* Notes receivable from participants	4.25% - 6.5%	6,589,975
		$ 380,030,116

* Indicates party-in-interest

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Abdelkarim Medical Corporation	83-2218377	0.00%	8,294
Abdelkarim Medical Corporation, PC	81-1476918	0.00%	0
Abdeshahian and Nguyen Dental Corporation	84-1898004	0.05%	75,094
Abrams and Lee Dental Corporation	83-1669265	0.04%	83,408
Acworth Smiles Dentistry PC	47-1167767	0.04%	88,528
Adam Battaglia DMD Water Tower Dental Group PC	46-4769142	0.11%	329,284
Ahmad Mokbil Dental Corporation	45-5077754	0.13%	303,890
Aldaz and Watanabe Dental Corporation	20-4184405	0.05%	723,784
Alex R Sharifian D D S Inc	04-3665603	0.10%	698,496
Alex R. Sharifian, D.D.S., Dentists of Independence, PC	84-2246488	0.02%	27,634
Alex R. Sharifian, D.D.S., Dentists of St. Peters, PC	84-3015293	0.00%	365
Alex Sharifian DDS Chesterfield Smiles Dentistry PC	81-0774289	0.04%	62,593
Alex Sharifian DDS Creve Coeur Dentistry PC	47-2820065	0.07%	132,952
Alex Sharifian DDS Francis Park Dentistry PC	46-3543392	0.05%	137,175
Alex Sharifian DDS Madison Dental Group PC	46-3664805	0.06%	155,327
Alex Sharifian DDS Mehlville Modern Dentistry PC	46-3074312	0.05%	111,833
Alex Sharifian DDS Network of Midwest Dental Providers PC	47-3608603	0.24%	392,724
Alex Sharifian DDS Rock Hill Dentistry PC	82-1111316	0.03%	13,486
Alex Sharifian DDS, Lindenwood Dentistry, P.C.	81-2845588	0.04%	94,842
Alexander Tran Dental Corporation	82-5286485	0.06%	146,324
Alvarado and Pham Dental Corporation	46-3930210	0.08%	241,694
Amardeep Gill and Reymond Bautista Dental Corporation	82-3053885	0.05%	57,915
Amezcua Dental Corporation	20-4515941	0.06%	341,342
Andrea Moore Dental Corporation	83-1571205	0.09%	254,270
Antioch Dentistry PA	47-0968882	0.07%	179,961
Antono Teang Dental Corporation	47-5333463	0.05%	149,708
Arbors Modern Dentistry, PC	45-3694561	0.00%	71,623
Ariannejad and Pham Dental Corporation	81-3953595	0.08%	237,791
Ariannejad Dental Corporation	61-1683164	0.09%	396,938
Ariella Pessah Dental Corporation	47-4917892	0.09%	342,358
Atascocita Modern Dentistry and Orthodontics PC	45-4857304	0.24%	893,961
Austell Smiles Dentistry PC	47-2300267	0.07%	207,746
Austin Modern Dentistry PC	27-3921025	0.06%	97,949
Awad and Moore Dental Corporation	47-3647973	0.07%	270,526
AZ Regional Dental Services LLC	27-0260005	5.25%	18,852,241
Babak Ariannejad Dental Corporation	47-3647011	0.09%	420,604
Bach Nguyen Dental Corporation	27-3780007	0.09%	716,355
Bach Xuan Nguyen Dental Corporation	46-3718652	0.10%	412,150
Bandera Modern Dentistry PC	45-4864532	0.14%	452,270
Bastrop Modern Dentistry PC	81-3753047	0.07%	79,372

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Bautista and Gill Dental Corporation	26-3362928	0.06%	339,982
Baytown Modern Dentistry PC	81-1718687	0.03%	65,295
Bee Country Modern Dentistry and Orthodontics PC	46-2403883	0.02%	111,905
Berry Hill Dental Group, PC	86-1498111	0.01%	8,984
Bhatia and Sambangi Dental Corporation	46-2695379	0.03%	381,702
Bhatia and Shetty Dental Corporation	45-2957650	0.07%	836,701
Black and To Dental Corporation	45-4958578	0.08%	273,862
Blaine Dentistry PC	47-2006348	0.06%	181,290
Bloomington Smiles Dentistry PC	81-0979668	0.08%	469,076
Bluhawk Dental Group PA	81-4846630	0.12%	276,215
Bocash and Nosti Dental Corporation	27-0837949	0.04%	208,596
Bocash and Sharifian Dental Corporation	20-0571325	0.03%	187,957
Boehme Dentists of Carson City PC	82-2154965	0.06%	127,049
Boehme Lemmon Valley Dental Group PC	47-4661062	0.10%	415,670
Boluro-Ajayi and To Dental Corporation	20-3463405	0.06%	391,376
Boynton Beach Modern Dentistry, PA	83-4320921	0.01%	18,991
Brandon Modern Dentistry, PA	84-2176393	0.02%	18,522
Briargrove Smiles Dentistry PC	46-3786113	0.11%	249,586
Bringhurst and Stokes Rainsprings Dental Group PC	20-5337268	0.06%	280,315
Bristow Fountain Dentistry PC	83-4676111	0.02%	17,531
Brookridge Dentistry PA	83-0744478	0.05%	78,992
Bryan Modern Dentistry PC	47-1896219	0.09%	157,753
Bryant Vest Dental Corporation	20-4320765	0.09%	835,775
Buehler and Reagan Dental Corporation	06-1641372	0.07%	494,474
Buehler Dental Corporation	52-2211052	0.04%	691,497
Bulverde Dentistry PC	81-5320085	0.08%	145,280
Burleson Modern Dentistry PC	27-3119419	0.12%	421,289
Burlington Dentist Office, PC	83-3256891	0.01%	13,144
C F Rodgers D D S Inc	20-3036625	0.08%	333,990
C.G. Ghazal Dental Corporation	37-1762461	0.00%	48,842
Cabanas and Lee Dental Corporation	26-1367048	0.06%	365,314
Calicdan Gill Dental Corporation	83-3630652	0.06%	59,931
Callaway-Nelson Centennial Modern Dentistry PC	81-3137438	0.05%	113,998
Callaway-Nelson Flamingo Smiles PC	27-3147586	0.05%	253,631
Callaway-Nelson Reno Modern Dentistry PC	46-1410369	0.10%	315,335
Callaway-Nelson Reno Smiles Dentistry PC	46-2690803	0.04%	101,175
Camacho and Zaklama Dental Corporation	86-3234679	0.01%	4,053
Canton Smiles Dentistry PC	46-3459178	0.06%	303,494
Carolyn Ghazal and Amardeep Gill Dental Corporation	45-1148679	0.07%	330,664
Carolyn Ghazal and Minh Pham Dental Corporation	26-3668145	0.10%	694,356

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Carrollton Modern Dentistry PC	27-2717368	0.02%	112,991
Cartersville Dentist Office PC	81-4390471	0.06%	277,381
Castle Hills Smiles Dentistry, PC	47-3351185	0.00%	8,149
Cedar Hill Modern Dentistry PC	27-4593084	0.05%	110,494
Cedar Hills Modern Dentistry PC	82-2973210	0.05%	90,835
Cedar Park Modern Dentistry PC	27-2952453	0.14%	476,644
Champions Modern Dentistry PC	46-3735422	0.06%	131,430
Champlin Dentistry PC	47-5351948	0.08%	161,942
Chanhassen Smiles Dentistry, P.C.	47-4701375	0.00%	72,034
Chantilly Modern Dentistry PC	82-5266973	0.03%	60,497
Chapin Smiles Dentistry, PC	83-3120460	0.03%	35,832
Charles Frederick Rodgers DDS Inc	90-0359077	0.05%	265,179
Chaska Commons Dental Group PC	46-5692444	0.12%	312,170
Chastain Park Dentistry PC	81-1487408	0.01%	44,162
Chelmsford Modern Dentistry, PC	86-3653854	0.01%	4,472
Cheryl Tran DDS Inc	47-4381606	0.05%	149,536
Cheryl Tran Dental Corporation	27-3506491	0.06%	288,663
Cheung Dental Corporation	33-0979403	0.07%	415,206
Chokka and Ghazal Dental Corporation	26-3869028	0.07%	442,862
Chokka and Sambangi Dental Corporation	83-3773909	0.09%	83,371
Christine Walters, D.D.S., Juban Crossing Modern Dentistry	47-5186973	0.06%	188,739
Christopher Drake, D.D.S., My Kids Dentist and Orthodontics, PC	83-2714098	0.05%	79,005
Christopher Oates Dental Corporation	81-3804695	0.04%	106,883
Chung and Nosti Dental Corporation	26-1197746	0.06%	664,239
Clackamas Square Dental Group, PC	46-3975863	0.00%	5,537
Clarksville Modern Dentistry PC	81-4600272	0.06%	157,589
Clear Lake Modern Dentistry PC	45-3080175	0.08%	322,289
Clemson Modern Dentistry, PC	86-3270868	0.01%	5,554
Clermont Smiles Dentistry, PA	81-3799409	0.04%	85,258
Clint Walker Dental Corporation	82-5209752	0.07%	105,530
Clinton Park Dental Corporation	26-4060984	0.04%	172,351
Clinton Park, D.D.S., Inc.	20-3642955	0.05%	643,736
College Station Modern Denistry PC	47-1879889	0.10%	398,052
Columbia Heights Dentistry PC	81-0963850	0.04%	58,503
Conyers Smiles Dentistry PC	47-1978610	0.11%	229,290
Cool Springs Modern Dentistry, PC	83-2990701	0.02%	17,002
Coppell Modern Dentistry PC	27-3920723	0.07%	369,060
Copperfield Modern Dentistry and Orthodontics PC	46-1422951	0.04%	80,532
Coral Springs Modern Dentistry, PA	82-1929367	0.03%	35,392
Crabapple Smiles Dental Group PC	46-5340125	0.00%	51,938

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Craig Gaugh DDS Ladue Dental Group PC	47-3141747	0.07%	148,634
Cross Roads Smiles Dentistry, PC	81-3650744	0.05%	92,931
Culebra Smiles and Orthodontics PC	45-3932314	0.12%	619,727
Cumming Smiles Dentistry, PC	81-3954751	0.00%	15,846
Cypress Crossroads Dental Group PC	47-2352810	0.02%	72,694
Cypress Dental Group and Orthodontics PC	45-4891598	0.04%	133,026
Cypress Springs Dentistry PC	47-1193430	0.07%	157,937
Dalton Dental Corporation	26-0714988	0.08%	419,271
Daniels Modern Dentistry PA	83-0541772	0.06%	90,187
Darren Do Dental Corporation	20-1178061	0.02%	374,330
Dart and Sharifian Dental Corporation	20-1868335	0.07%	598,642
Davenport Modern Dentistry, PA	84-3251943	0.18%	236,983
David Kim Dental Corporation	47-5350235	0.04%	75,420
David King DDS Ofallon Modern Dentistry PC	46-3537630	0.11%	230,621
David Lee and Frederick Lee Dental Corporation	26-1438630	0.05%	309,063
Davie Modern Dentistry PA	81-1451906	0.03%	46,115
Davis and Do-Yabut Dental Corporation	81-2402594	0.10%	290,897
De Zavala Modern Dentistry, PC	84-2648317	0.04%	34,440
Deepika Dhama Dental Corporation	20-3355698	0.12%	994,410
Deerfield Modern Dentistry, PA	85-0544449	0.03%	13,978
Dental Office of Prosper PC	82-2444735	0.07%	124,428
Dentists at Chisholm Trail, PC	84-4203183	0.04%	26,935
Dentists at Midtown, PA	83-3631701	0.06%	74,773
Dentists at Westchase PA	83-1669741	0.06%	111,330
Dentists of Arlington PC	83-1952399	0.05%	69,521
Dentists of Attleboro, PC	82-3436179	0.06%	84,744
Dentists of Bellevue PC	82-2052233	0.05%	95,016
Dentists of Boise and Orthodontics, PC	84-4879131	0.03%	19,731
Dentists of Buford PC	82-4414030	0.03%	35,656
Dentists of Chamblee PC	81-4375407	0.00%	15,490
Dentists of Coral Gables PA	83-1442742	0.03%	77,589
Dentists of Devine, PC	84-5164166	0.00%	3,251
Dentists of Doral, PA	84-3572124	0.02%	20,039
Dentists of Eagle Mountain PC	82-1095297	0.05%	112,470
Dentists of East Brainerd, PC	84-2523780	0.04%	37,005
Dentists of Eden Prairie PC	81-4729852	0.06%	120,213
Dentists of Flower Mound, PC	27-1374563	0.00%	58,487
Dentists of Fort Bend PC	82-3049742	0.11%	173,883
Dentists of Fort Lauderdale, PA	83-3631193	0.04%	21,592
Dentists of Gainesville, PC	82-1096595	0.05%	122,833

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Dentists of Hanover PC	83-1097471	0.02%	23,018
Dentists of Highland Park PC	82-2887828	0.10%	157,706
Dentists of Hudson Oaks and Orthodontics, PC	84-2249715	0.05%	48,587
Dentists of Lake Worth PC	82-4232158	0.05%	81,403
Dentists of Lakeland PA	82-5100089	0.07%	89,964
Dentists of Lenexa, PA	87-1834790	0.01%	5,535
Dentists of Lexington PC	82-3018524	0.04%	123,216
Dentists of Mansfield PC	83-1931247	0.03%	27,245
Dentists of Melbourne PA	82-4030927	0.00%	25,566
Dentists of Miami Gardens, PA	84-4874848	0.01%	3,531
Dentists of Midlothian and Orthodontics PC	82-5283267	0.09%	124,847
Dentists of Mitchell Ranch, PA	86-2122459	0.00%	383
Dentists of Montgomery PC	82-2990081	0.08%	87,206
Dentists of Moore and Orthodontics, PC	85-1864662	0.01%	3,548
Dentists of Nona, PA	85-2905376	0.03%	24,875
Dentists of Northpark, PC	86-2745072	0.01%	3,778
Dentists of Ocoee, PA	84-2507350	0.04%	40,725
Dentists of Oklahoma City, PC	85-3267465	0.00%	570
Dentists of Palm Beach Gardens, PA	83-2253738	0.03%	41,544
Dentists of Pines PA	82-5090576	0.06%	102,505
Dentists of Port Charlotte, PA	84-3026378	0.01%	13,963
Dentists of Riverstone, PC	83-3313266	0.04%	53,685
Dentists of Riverview PA	83-1530206	0.03%	21,024
Dentists of Rowlett, PC	84-2847758	0.02%	11,797
Dentists of Royal Palm, PA	83-4369457	0.02%	21,148
Dentists of Sanford, PA	83-4612870	0.01%	12,884
Dentists of Savage PC	81-3844114	0.03%	37,401
Dentists of Silver Spring, LLC	85-2965662	0.05%	31,733
Dentists of South Naples, PA	83-1572005	0.04%	29,931
Dentists of Sterling PC	82-0855743	0.05%	189,670
Dentists of Stone Oak, PC	83-2253525	0.04%	73,086
Dentists of Waco, PC	84-3306537	0.05%	30,346
Dentists of West Columbia PC	83-1443647	0.04%	51,445
Dentists of White Rock, PC	84-3347969	0.03%	170,262
Dentists of Winter Park, PA	84-2507489	0.01%	10,284
Dentists of Winter Springs PA	83-1095622	0.01%	8,263
Dentists of Woodbury, PC	83-3401191	0.05%	55,189
Denton Modern Dentistry and Orthodontics PC	47-1433162	0.04%	50,602
Derby Modern Dentistry, PC	83-3567951	0.00%	1,330
Dhama Dental Corporation	06-1641366	0.07%	537,297

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Dhaval Patel and Amardeep Gill Dental Corporation	46-1122636	0.06%	217,207
Dhaval Patel and Carolyn Ghazal Dental Corporation	20-1511064	0.13%	1,749,629
Dhaval Patel Dental Corporation	46-3831031	0.06%	213,301
Diana Do-Yabut Dental Corporation	20-1868462	0.12%	945,687
Dimitri Dental Corporation	20-1308475	0.10%	531,237
Dinea-Berci Dental Corporation	47-2667783	0.05%	120,859
Do and Pham Dental Corporation	47-4982361	0.02%	79,505
Doctor Phillips Modern Dentistry PA	81-1949110	0.05%	162,563
Donelson Smiles Dentistry PC	47-4052054	0.03%	72,555
Do-Yabut Dental Corporation	20-1795401	0.08%	451,015
Eagan Smiles Dentistry PC	47-4832628	0.03%	37,321
Eagle Smiles Dentistry and Orthodontics PC	46-1799098	0.05%	183,032
Easley Dental Corporation	20-5527422	0.07%	1,027,533
Edgewood Smiles Dentistry, PC	84-2368811	0.04%	48,257
Ekizian and Elie Dental Corporation	20-8808196	0.06%	169,359
Eldorado Smiles and Orthodontics PC	26-3071684	0.04%	164,821
Elie Dental Corporation	20-1868419	0.07%	450,496
Elie Professional Dental Corporation	57-1166646	0.06%	834,083
Entabi Dental Corporation	27-2554720	0.08%	491,596
Estero Smiles Dentistry, PA	84-5127986	0.00%	1,806
Faddis Dentists of North Las Vegas	82-1271826	0.07%	155,692
Fairfax Modern Dentistry PC	82-5230240	0.02%	29,134
Fairview Heights Dentistry, PLLC	84-2130768	0.03%	30,047
Falls Church Modern Dentistry, PC	83-3730228	0.03%	31,822
Fareid and Navarro Dental Corporation	47-2272237	0.05%	118,177
Fareid Dental Corporation	47-2379550	0.08%	285,788
Farragut Modern Dentistry, PC	83-2993131	0.04%	43,341
Fayetteville Smiles Dentistry PC	47-2283359	0.07%	102,604
Fedor Dental Corporation	83-1056779	0.03%	49,060
Firewheel Modern Dentistry PC	46-3809450	0.06%	344,335
Fishhawk Modern Dentistry, PA	84-3695479	0.00%	1,347
Florence Smiles Dentistry, PLLC	84-4533929	0.00%	2,280
Fontainebleau Dentistry PA	81-0802675	0.08%	185,179
Forney Modern Dentistry and Orthodontics PC	27-0777146	0.08%	480,472
Fort Mill Smiles Dentistry, PC	86-3212650	0.00%	2,588
Freeman Las Vegas Modern Dentistry PC	45-2993092	0.16%	898,114
Freeman Spring Valley Dentist Office PC	47-4703621	0.03%	94,817
Friendswood Modern Dentistry PC	47-5186364	0.07%	152,321
Frisco Crossing Dental Group and Orthodontics, PC	84-4688954	0.01%	9,221
Frisco Custer Star Dental Group PC	27-3959669	0.08%	284,093

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Fulshear Modern Dentistry PC	81-3802222	0.06%	101,031
Gaffino and Reagan Dental Corporation	45-2827534	0.06%	377,398
Gallatin Smiles Dentistry PC	81-2834429	0.03%	28,758
Garcia Medical Corporation, PC	81-1476918	0.00%	66,898
Gerald Lopez Dental Corporation	26-1379538	0.04%	920,821
Gerald Lopez, DDS, Inc.	26-1379336	0.05%	495,855
Ghazal and Hsieh Dental Corporation	20-3200949	0.08%	1,076,134
Ghazal Dental Corporation	33-0958380	0.11%	1,506,680
Ghazal Gill and Navarro Dental Corporation	46-5618399	0.03%	65,223
Ghazal Las Vegas Modern Smiles Dentistry, PC	83-2088060	0.04%	71,136
Gill and Ghazal Dental Corporation	27-1713054	0.13%	1,028,415
Gill and Lopez Dental Corporation	20-4320661	0.05%	279,060
Gill and Patel Dental Corporation	83-1265339	0.03%	48,752
Gill and Vicuna Dental Corporation	46-3505233	0.08%	207,975
Gill Bautista and Lopez Dental Corporation	82-2596314	0.03%	55,707
Gill Dental Corporation	26-2332942	0.06%	554,386
Gill Professional Dental Corporation	26-1379128	0.07%	692,275
Glade Modern Dentistry and Orthodontics PC	46-2664322	0.08%	156,106
Gladstone Smiles Dentistry PC	83-0782916	0.02%	42,299
Glenwood Park Dentistry, PC	81-2613261	0.08%	191,653
Gogiltan-Waxler and Setareh Dental Corporation	20-4184647	0.06%	566,329
Grace Min Dental Corporation	47-3082042	0.03%	79,787
Grand Lakes Dental Group and Orthodontics PC	46-1571183	0.04%	174,383
Grand Prairie Modern Dentistry, PC	84-3153685	0.02%	20,709
Grant Park Dentistry PC	47-3368419	0.06%	131,611
Gresham Modern Dentistry PC	46-1574093	0.13%	462,288
Guevara-Lara Dental Corporation	84-3088015	0.04%	34,906
Gulati Highlands Dentistry, PC	84-4715776	0.04%	46,809
Habashi Dental Corporation	20-2743030	0.07%	403,349
Hambik Oktanyan Dental Corporation	20-8337771	0.03%	593,205
Hanna and Jefferson Dental Corporation	83-4160536	0.03%	25,224
Hanover Smiles Dental Group and Orthodontics PC	46-2180298	0.07%	320,011
Harpers Preserve Dentistry, PC	84-3051844	0.04%	35,178
Harris Spring Dental Group PC	46-5160988	0.10%	219,265
Hart and Lee Dental Corporation	82-5392216	0.05%	77,202
Heights Modern Dentistry PC	45-4892002	0.08%	349,037
Hejazi Dental Corporation	82-3554326	0.05%	107,703
Hendersonville Smiles Dentistry PC	82-1439729	0.02%	18,009
Henry Nguyen Dental Corporation	47-3647384	0.07%	238,741
Heritage Modern Dentistry PC	45-4229579	0.09%	476,944

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Hermitage Modern Dentistry, PC	86-3767081	0.01%	5,609
Herndon Modern Dentistry, PC	84-3564401	0.01%	17,718
Hickory Creek Dental Group and Orthodontics PC	27-0744922	0.10%	248,691
Hickory Plaza Dental Group PC	87-0883538	0.00%	2,016
Hillsboro Dentist Office, PC	82-2051540	0.01%	39,178
Hillsboro Modern Dentistry PC	46-4246016	0.11%	207,761
Hilltop Smiles PC	45-5395657	0.08%	258,970
Hinderberger Dental Corporation	84-2205686	0.05%	53,712
Hiram Dental Group PC	46-5352404	0.06%	203,876
Homestead Modern Dentistry, PA	84-3871037	0.03%	29,434
Hopkins Crossroads Dentistry, PC	84-4679922	0.00%	2,825
Hoyle and Huss Dental Corporation	46-2733797	0.04%	99,873
Hsieh and Abdelkarim Dental Corporation	46-2684206	0.07%	386,839
Hsieh and Ghazal Dental Corporation	26-0867494	0.10%	300,084
Hulen Modern Dentistry, PC	27-2953792	0.04%	201,203
Hutto Modern Dentistry PC	81-3882878	0.02%	25,861
Huynh and Habashi Dental Corporation	81-3383755	0.05%	149,193
Huynh and Watanabe Dental Corporation	20-1783257	0.10%	586,020
Isaac Navarro and Bevan Fareid Dental Corporation	83-0770292	0.05%	114,203
Isaac Navarro Dental Corporation	47-3476238	0.08%	188,856
Iskaq and Gill Dental Corporation	77-0595456	0.07%	264,405
Jackson and Lee Dental Corporation	20-5700093	0.05%	290,153
Jackson Dental Corporation	75-3074597	0.10%	843,826
Jacob Dent D.D.S. Dentists of Lake Charles a Professional Corporati	82-3017360	0.07%	157,553
Jacob Dent DDS Acadian Modern Dentistry a Professional Corporati	47-5170078	0.05%	150,869
Jacob Dent DDS Baton Rouge Modern	81-3442396	0.00%	42,875
Jacob Dent DDS Dentists of Slidell	81-4944535	0.05%	118,931
Jacob Dent DDS Lafayette Modern Dentistry	47-5199871	0.10%	185,043
Jacob Dent DDS Metairie Modern Dentistry	81-3613094	0.07%	107,386
Jacob Dent, DDS, Dentists of Mandeville, PC	84-3796016	0.02%	18,847
Jacob Dent, DDS, Dentists of Metairie, PC	84-3352434	0.03%	22,471
Jadali-Araghi and Nosti Dental Corporation	26-1928752	0.01%	430,505
Jadali-Araghi Dental Corporation	47-1387549	0.08%	266,515
Jantzen Beach Modern Dentistry, PC	46-2799057	0.00%	5,238
Jedediah Huss Dental Corporation	20-8919118	0.08%	291,783
Jefferson and Kim Dental Corporation	46-1122798	0.09%	359,944
Jefferson and Schmidt Dental Corporation	26-0152018	0.18%	1,393,883
Jefferson Dental Corporation	84-3032566	0.02%	23,951
Jeffrey S. Toler, D.D.S., Millerville Dental Group	82-3005362	0.03%	38,750
Jennifer Crumbaugh DDS White Oak Dental Group PC	82-1798585	0.04%	145,223

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Jennifer Crumbaugh, D.D.S., Blue Springs Dentistry, P.C	46-5555903	0.13%	444,825
Jennifer Herbert Dental Corporation	82-4653683	0.05%	74,522
Jennifer Williams Tinnell, DDS, Tiffany Springs Dental Group	46-0939677	0.11%	260,494
Jeong Dental Corporation	20-4959338	0.09%	571,759
Jett Ferry Dental Group PC	46-5267941	0.03%	100,033
Joan Thanh To Dental Corporation	81-1589720	0.05%	162,409
Johal and Ghazal Dental Corporation	26-0189776	0.12%	976,323
John C Nosti DDS Inc	47-3549927	0.03%	190,009
John Holmes DDS Belton Modern Dentistry PC	46-0929087	0.11%	240,653
Johnson Ferry Dentistry PC	46-3473074	0.09%	264,226
Joseph Hanna DDS Inc	82-4523721	0.04%	47,854
Kahbody Dental Corporation	20-0053245	0.05%	279,224
Kaila Dental Corporation	20-1782084	0.07%	266,348
Kansagra and Nguyen Dental Corporation	20-4023989	0.08%	552,651
Kansagra Dentists at Hyde Park Plaza, PC, Inc	83-4336179	0.03%	38,643
Kansagra Dentists of Westwood PC, Inc.	83-3301916	0.02%	28,122
Kansagra Mason Modern Dentistry PC, Inc	84-4024437	0.00%	1,061
Kansagra West Chester Modern Dentistry PC, Inc	84-5177140	0.00%	0
Karim Zaklama Dental Corporation	47-4959187	0.13%	344,477
Karimzada Silverado Ranch Dentistry, PC	83-3457455	0.03%	39,928
Karleen Boparai and Amardeep Gill Dental Corporation	26-4612750	0.06%	161,646
Katayoun and Setareh Dental Corporation	26-4428996	0.05%	347,117
Katy Highlands Dental Group PC	46-5766919	0.07%	176,320
Katy Modern Dentistry and Orthodontics PC	45-4864660	0.08%	431,461
Kedia and Watanabe Dental Corporation	20-1781675	0.06%	201,346
Keller Modern Dentistry and Orthodontics PC	47-2364760	0.02%	96,350
Kevin Su Dental Corporation	87-2322582	0.00%	0
Khazali Dental Corporation	20-4185266	0.06%	324,564
Killeen Modern Dentistry PC	82-4196741	0.04%	61,834
Killian Dentistry PC	82-2629930	0.08%	121,850
Kim and Do-Yabut Dental Corporation	86-3746883	0.00%	1,813
Kim and Watanabe Dental Corporation	20-3065295	0.05%	409,434
King Rampart Dental Group PC	47-4624729	0.06%	281,512
Kingwood Smiles Dentistry PC	81-5249867	0.06%	114,671
Kitty Hawk Smiles and Orthodontics PC	45-4879929	0.09%	196,608
Knight Dental Corporation	26-0336730	0.06%	306,909
Knollwood Dentistry PC	47-3390952	0.05%	70,063
Kramer and Nguyen Dental Corporation	81-3418097	0.06%	130,151
Kumar and Stromberg Dental Corporation	45-3010276	0.04%	113,989
Kunal Sood Dental Corporation	46-4943007	0.07%	155,349

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Kyle Boyce DDS Summit Modern Dentistry PC	46-4296969	0.08%	285,115
Lady Lake Smiles Dentistry, PA	81-2569715	0.04%	53,949
Lake Barcroft Dental Group, PC	84-3320667	0.03%	28,488
Lake Conroe Dentistry PC	46-2933105	0.07%	140,825
Lake Jackson Modern Dentistry PC	47-4421075	0.06%	199,360
Lake Mary Modern Dentistry PA	82-1004607	0.05%	47,474
Lake Oswego Modern Dentistry, PC	84-3879385	0.01%	13,790
Lake Worth Modern Dentistry, PA	84-4513630	0.00%	409
Lake Wylie Modern Dentistry, PC	84-2609285	0.06%	15,322
Lakeland Modern Dentistry PA	82-2837300	0.02%	23,335
Lambridis and Ghaffarzadegan Dental Corporation	56-2321616	0.08%	1,158,678
Lambridis and Mar Dental Corporation	77-0505368	0.08%	727,366
La-Pham and Kansagra Dental Corporation	82-1272607	0.05%	133,853
Latshikyan Dental Corporation	82-3247430	0.04%	79,675
Lau and Park Dental Corporation	81-1661753	0.04%	137,725
Lawrenceville Dentist Office, PC	81-1433084	0.00%	10,968
Le and Pham Dental Corporation	47-1581770	0.09%	334,631
League City Modern Dentistry and Orthodontics PC	46-0702599	0.09%	521,112
League City Smiles Dentistry PC	47-4424241	0.12%	322,539
Lee and Nosti Dental Corporation	26-2506956	0.17%	509,245
Lee and Sambangi Dental Corporation	47-1867430	0.11%	557,571
Lee and Woo Dental Corporation	52-2248400	0.06%	337,419
Lee Deer Springs Modern Dentistry PC	46-1193475	0.10%	385,382
Lee MLK Dental Group PC	20-4714412	0.10%	488,638
Lee Watanabe and Nosti Dental Corporation	20-1783485	0.14%	815,492
Legends Dental Group PA	46-2888285	0.13%	630,920
Leng and Chokka Dental Corporation	33-0842158	0.11%	579,432
Leng Dental Corporation	20-2821478	0.06%	259,396
Leon Springs Modern Dentistry, PC	86-2857548	0.03%	19,688
Leong and Pandhoh Dental Corporation	84-2620661	0.03%	35,286
Lexington Modern Dentistry, PC	83-2282302	0.00%	5,964
Lie Charleston Smiles Dentistry PC	83-2815724	0.04%	76,544
Ligon Maryland Parkway Smiles Dentistry, PC	84-2765335	0.03%	35,941
Lin Henderson Dental Group PC	26-1771124	0.11%	617,676
Linda Bang Dental Corporation	20-0377582	0.05%	618,518
Little Elm Dentistry and Orthodontics PC	82-5444713	0.05%	69,107
Loganville Dentist Office, PC	81-3194054	0.06%	180,058
Lopez and Lambridis Dental Corporation	46-1281187	0.11%	574,345
Lopez Dental Corporation	82-2758183	0.05%	71,671
Louis Stromberg Professional Dental Corporation	20-3364896	0.08%	1,059,661

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Lynda Watanabe DDS Dental Corporation	20-4185434	0.07%	322,001
Macon Dentist Office PC	81-1424364	0.10%	72,605
Magar and Sharifian Dental Corporation	45-2449446	0.07%	671,391
Magar and Smith Dental Corporation	82-5461270	0.05%	111,800
Magdos and Setareh Dental Group	20-2821736	0.04%	645,674
Mannem and Ghazal Dental Corporation	20-3486404	0.12%	263,319
Manpreet Kaur Dental Corporation	32-0453073	0.06%	178,856
Mansfield Smiles and Orthodontics PC	45-3204149	0.02%	150,047
Mantena and Ghazal Dental Corporation	45-3982436	0.06%	355,581
Maple Grove Smiles Dentistry PC	47-4442431	0.04%	61,872
Maral Khazali Dental Corporation	84-1928279	0.03%	55,166
Marketplace Dentistry PA	82-4690890	0.02%	25,507
Martin Galstyan Dental Corporation	81-2921204	0.04%	46,486
Martinez MacDonald Ranch Modern Dentistry PC	46-3544011	0.06%	233,135
Maryville Modern Dentistry PC	83-1804774	0.02%	19,864
Masaki Durango Dental Group PC	20-4714507	0.05%	367,810
Matthew Yip DDS Liberty Dental Group PC	47-4982164	0.12%	307,334
Matthew Yip DDS Parkville Modern Dentistry PC	46-2876552	0.13%	475,098
Matthew Yip, D.D.S., Liberty Dental Group, P.C.	47-4982164	0.00%	101,586
McDonough and Huss Dental Corporation	20-3355339	0.05%	440,258
McEvoy Sparks Modern Dentistry, PC	86-2649211	0.00%	192
McKinney Dental Group and Orthodontics PC	26-2955359	0.10%	506,083
McMurray Dental Corporation	33-0819873	0.08%	768,439
Melanie Kim Dental Corporation	84-4495721	0.05%	50,779
Memorial Modern Dentistry, PC	81-3768203	0.00%	69,640
Mercer and Pham Dental Corporation	26-1339230	0.12%	1,339,550
Meridian Smiles Dentistry PC	46-1176304	0.03%	71,105
Mesquite Dental Group PC	27-2462884	0.07%	242,477
Meyerland Modern Dentistry, PC	84-3897769	0.07%	57,205
Miami Shores Modern Dentisty PA	81-1541400	0.08%	209,297
Michael Lopez Dental Corporation	47-5260114	0.08%	129,092
Michael Ortega Dental Corporation	47-3755091	0.02%	46,276
Michael Wong Dental Corporation	85-2818720	0.04%	31,707
Milford Dentist Office PC	83-2251257	0.03%	53,096
Min Dental Corporation	26-0363947	0.06%	437,436
Minh B Pham D D S Inc	46-2598071	0.07%	230,879
Miramar Modern Dentistry, PA	87-1357015	0.01%	3,814
Mobasher and Nosti Dental Corporation	38-3942042	0.03%	137,588
Mokbil Dental Corporation	82-1750776	0.07%	116,458
Moores Mill Modern Dentistry, PC	84-3898051	0.00%	2,320

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Morton Ranch Smiles Dentistry PC	82-1371913	0.08%	185,696
Moshar Dental Corporation	81-1094092	0.10%	297,134
Mount Dora Modern Dentistry PC	81-4466761	0.04%	78,424
Mount Vernon Modern Dentistry PC	83-1872042	0.04%	58,779
Mt Juliet Dental Group PC	81-2951413	0.03%	28,511
Mugleston Henderson Modern Dentistry PC	45-4612311	0.21%	546,551
Murfreesboro Modern Dentistry PC	82-2690574	0.03%	48,004
Murfreesboro Smiles Dentistry, PC	81-3683237	0.05%	98,585
Najafi and Rodgers Dental Corporation	33-0942247	0.32%	2,617,066
Nam Dang Dental Corporation	45-2570626	0.02%	162,252
Naples Bay Dental Group, PA	87-2577386	0.00%	616
Naples Modern Dentistry, PA	83-3678982	0.05%	43,426
Naples Smiles Dentistry, PA	84-3351585	0.05%	39,975
Natalie Le Dental Corporation	47-4904331	0.08%	213,663
Navejas Carpio Dental Corporation	83-2865075	0.04%	63,366
Nazareno and Nosti Dental Corporation	81-3508923	0.02%	69,725
Network of Minnesota Dental Providers PC	47-1072124	0.11%	155,566
Network of Texas Dental Providers	46-2727726	0.77%	1,464,298
New Braunfels Modern Dentistry PC	81-3446260	0.13%	189,789
Nguyen and Ghazal Dental Corporation	46-4406778	0.09%	417,071
Nguyen and Reagan Dental Corporation	20-2957890	0.06%	626,641
Nguyen and Watanabe Dental Corporation	52-2223524	0.07%	388,303
Nguyen Dentists of Eastgate PC, Inc	84-3555048	0.00%	2,131
Nguyen Springdale Modern Dentistry, PC, Inc	83-4053462	0.02%	15,882
Nicole Smith Dental Corporation	46-3558980	0.06%	211,229
Nona Dentists 3, PA	84-4492234	0.01%	10,896
Nona Dentists, PA	82-2090887	0.09%	182,094
Noor Rahimi Dental Corporation	27-4024006	0.11%	471,134
North Cypress Smiles Dentistry PC	81-4587977	0.03%	79,873
North Decatur Dentistry PC	81-4727774	0.03%	63,372
Northeast Dallas Dentistry, PC	83-2171338	0.07%	96,288
Northshore Smiles Dentistry PC	82-4787461	0.05%	43,617
Northwood Modern Dentistry, PA	86-2155228	0.00%	1,114
Nosti and Pham Dental Corporation	47-1382393	0.03%	79,982
Nosti and Reagan Dental Corporation	20-0917538	0.06%	901,754
NRH Modern Dentistry PC	81-0799418	0.03%	39,568
NW Dentistry and Orthodontics PC	46-2674401	0.03%	108,307
Oak Forest Dental Group and Orthodontics PC	46-1163237	0.14%	401,049
Oak Ridge Smiles Dentistry PC	82-5209001	0.03%	27,229
Oakland Park Modern Dentistry PA	81-1418857	0.07%	124,447

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Oaks Smiles Dental Group, PC	46-2927453	0.00%	27,815
Oates and Jefferson Dental Corporation	46-2769812	0.08%	472,282
O'Donnell Dental Corporation	20-1782295	0.15%	681,676
Oktanyan Dental Corporation	46-2950135	0.03%	314,501
Olathe Dental Group PA	81-1347951	0.08%	169,841
Olathe South Dentistry PA	83-1221418	0.06%	77,982
Olathe West Dentistry, P.A.	84-2978977	0.06%	75,221
Overland Park Modern Dentistry PA	46-4091613	0.06%	170,086
Oviedo Smiles Dentistry PA	82-4058604	0.07%	115,609
Oweis Union Village Modern Dentistry, PC	86-2941571	0.02%	11,537
Pacific Dental Services Foundation	45-5083789	0.04%	51,820
Pacific Dental Services LLC	33-0681491	47.01%	170,388,119
Pandhoh Dental Corporation	26-2283630	0.08%	261,320
Pangilinan and Gill Dental Corporation	46-3908217	0.13%	454,017
Park and Jackson Dental Corporation	20-2546329	0.04%	461,443
Park and Sambangi Dental Corporation	26-3278949	0.09%	359,362
Pasadena Modern Dentistry, PC	84-2436918	0.01%	27,803
Patel and Gill Dental Corporation	47-2112168	0.11%	282,885
Patel and Habashi Dental Corporation	27-1521664	0.04%	157,376
Patel and Huss Dental Corporation	46-2185544	0.05%	153,675
Patolus Operations, LLC	82-2064666	0.12%	550,725
PDS Colorado Network LLP	26-2807851	2.61%	12,011,894
PDS Northern Colorado Dental Support, LLC	26-2263705	0.99%	2,710,345
PDS South Colorado Network LLP	85-4077144	0.78%	571,540
Peachtree City Dental Group PC	47-4587096	0.06%	187,004
Pearland Dentists PC	47-1183487	0.07%	113,194
Pearland Modern Dentistry PC	45-4857026	0.24%	920,268
Peggy Chu Dental Corporation	27-3155238	0.07%	669,557
Penaflorida Dental Corporation	20-3947899	0.11%	722,352
Peralta Spanish Springs Modern Dentistry PC	46-4871811	0.13%	437,168
Periodontics Health Group-SF PA	87-2369592	0.00%	0
Pessah Dental Corporation	84-2945981	0.04%	32,283
Pflugerville Modern Dentistry PC	27-4974387	0.08%	548,534
Pham Paradise Smiles Dentistry PC	81-1004194	0.05%	237,012
Phi Huynh and Bryan Watanabe Dental Corporation	46-2598272	0.04%	112,708
Pinecrest Dentistry PA	81-4945838	0.06%	175,450
Pirastehfar and Habashi Dental Corporation	20-8899105	0.11%	387,565
Plano Modern Dentistry PC	27-3546212	0.05%	161,626
Polumbo Dental Corporation	20-4652066	0.04%	186,131
Ponce Dental Group, PC	84-1741325	0.03%	42,134

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Port Orange Modern Dentistry PA	83-1670256	0.01%	6,302
Portland Modern Dentistry, PC	83-3750843	0.03%	35,245
Potranco Dentistry, PC	84-2382303	0.03%	33,144
Poulsen Dental Corporation	82-1987003	0.09%	160,276
Powdersville Smiles Dentistry PC	84-2559037	0.04%	39,884
Preston Modern Dentistry and Orthodontic	27-2206587	0.04%	89,922
Quinn Dentists of St. Rose, PC	84-2583004	0.06%	57,578
Quinn Stephanie Dental Group PC	20-8863082	0.11%	228,172
Qurban Dental Corporation	82-2686779	0.05%	86,779
Rayford Modern Dentistry PC	47-4904684	0.16%	380,228
Reagan and Pandhoh Dental Corporation	20-5181742	0.06%	793,963
Reagan Dental Corporation	33-0863140	0.12%	3,119,931
Red Bank Smiles Dentistry PC	83-2488621	0.03%	36,513
Redstone Modern Dentistry, PC	84-2567230	0.04%	37,186
Reymond Bautista Dental Corporation	83-3104783	0.03%	42,769
Rho Dental Corporation	20-1124068	0.11%	814,624
Richfield Dentistry PC	46-4625566	0.12%	209,815
Ricky V Tran Dental Corporation	47-2117362	0.09%	413,724
Rigor Dental Corporation	84-4638154	0.04%	29,999
Ritesh Kumar Dental Corporation	26-3710603	0.07%	495,553
Ritesh Kumar, DDS, Inc	20-5528026	0.06%	976,882
Rittu Gill, D.D.S., Inc.	86-3294126	0.01%	4,330
Roanoke Dental Group PC	81-1095381	0.04%	63,116
Robert P. Nakaki Dental Corporation	26-1400094	0.20%	736,058
Rock Hill Modern Dentistry, PC	84-3634763	0.03%	20,598
Rockwall Modern Dentistry and Orthodontics PC	45-4878028	0.09%	423,006
Rodgers and Dang Dental Corporation	20-1783377	0.07%	1,008,479
Rogers and Reagan Dental Corporation	48-1262852	0.14%	959,399
Ronny Le Dental Corporation	84-2249108	0.02%	22,022
Roswell Smiles Dentistry, PC	47-4514037	0.00%	12,760
Round Rock Dentists PC	46-1507072	0.08%	215,829
Round Rock Modern Dentistry PC	47-2231902	0.07%	83,134
Rygg Dental Corporation	87-0690293	0.09%	243,311
Safarkoolan Dental Corporation	20-4959933	0.05%	174,276
Sambangi Dental Corporation	33-0958384	0.18%	1,289,258
Sanaz Khaleghi Dental Corporation	26-3444469	0.09%	876,283
Sandy Plains Dental Group PC	84-3944496	0.01%	4,550
Schmidt and Jefferson Dental Corporation	83-1958865	0.06%	119,330
Scott and Kansagra Dental Corporation	83-2734715	0.05%	51,971
Sediq and Hanna Dental Corporation	83-3771829	0.03%	43,721

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Sergio Vicuna, DDS, Inc.	81-2942672	0.06%	155,008
Setareh Dental Corporation	56-2323856	0.11%	615,499
Shah and Huynh Dental Corporation	83-1689751	0.07%	100,728
Shah and Jefferson Dental Corporation	46-0806818	0.05%	170,848
Shahab Ariannejad Dental Corporation	87-1177897	0.00%	0
Shahrestani Canyon Pointe Dental Group PC	26-0160921	0.02%	242,902
Shahrestani Northwest Reno Smiles Dental Group PC	46-4394010	0.10%	186,025
Shahrestani Shadow Mountain Smiles Dentistry, PC	83-3358691	0.03%	38,423
Shahrestani Sparks Marina Dentistry PC	47-3817118	0.06%	124,807
Sharifian Dental Corporation	52-2239042	0.07%	1,242,558
Sharma Ranch Plaza Dental Group PC	20-8899851	0.04%	191,244
Shawn Lee and Manoranjani Sambangi Dental Corporation	81-1087652	0.06%	153,477
Shawnee Dental Group PA	47-3363479	0.03%	69,425
Shenandoah Smiles Denistry PC	47-3083515	0.06%	155,184
Sherwood Modern Dentistry PC	47-2296666	0.00%	34,043
Shetty Dental Corporation	26-1859246	0.10%	475,939
Shrewsbury Dentistry PC	82-4670442	0.03%	43,273
Sicat Diamond Dental Group PC	26-1748512	0.06%	233,006
Sienna Missouri City Modern Dentistry PC	45-2092903	0.09%	394,532
Simonian Dental Corporation	20-3355894	0.10%	545,735
Smith and Sharifian Dental Corporation	46-5271971	0.09%	284,851
Smyrna Dentist Office PC	81-4891077	0.04%	128,313
Smyrna Modern Dentistry PC	47-4812623	0.04%	146,992
Snellville Smiles Dentistry PC	47-1495759	0.04%	121,115
SoDo Smiles Dentistry, PA	83-2235553	0.08%	112,930
Sohal and Pham Dental Corporation	81-5196711	0.04%	136,611
Solaiman Tehrani and Galstyan Dental Corporation	20-4624633	0.06%	495,537
Sonal Singh Dental Corporation	45-5630145	0.07%	225,583
Sonal Singh, DDS, Inc	20-8884079	0.07%	479,408
Soojin Lee Dental Corporation	26-0407228	0.06%	331,521
Soriano and Ghazal Dental Corporation	26-4309611	0.14%	483,205
South Kendall Dentistry, PA	84-3871349	0.04%	27,161
South Riding Modern Dentistry, PC	83-2987134	0.02%	9,418
SPM Dental Group and Orthodontics PC	46-2882313	0.09%	192,829
Spring Cypress Modern Dentistry PC	45-4891747	0.06%	348,655
Spring Hill Modern Dentistry PC	83-1217279	0.04%	165,276
Spring Klein Dentistry PC	81-5485515	0.09%	183,454
Springfield Dental Group PC	82-3052058	0.04%	57,270
Stanisai Dental Corporation	82-1928969	0.03%	84,778
Steven Wu Dental Corporation	84-3032642	0.01%	23,998

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Stokes Dentists of Spring Valley PC	81-4017924	0.03%	42,290
Stone Oak Modern Dentistry PC	27-3546865	0.11%	393,388
Stout Dental Corporation	47-2207415	0.01%	101,672
Stromberg Dental Corporation	33-0843444	0.05%	534,558
Sudhakar R Chokka D D S Inc	03-0477150	0.05%	858,148
Sugar Land Dental Group PC	45-3564810	0.11%	249,667
Sugar Land Modern Dentistry PC	27-3945804	0.14%	747,183
Sumeet Pandhoh Dental Corporation	84-4798962	0.00%	2,695
Summerville Smiles Dental Office, PC	86-3127155	0.00%	0
Summerwood Smiles Dentistry PC	47-1778274	0.06%	165,109
Swati Shetty Dental Corporation	82-4652638	0.07%	157,104
Sylvan Park Smiles Dentistry, PC	84-3095189	0.03%	35,918
Szutz Dental Corporation	46-3575885	0.06%	276,323
Taherian and Sharifian Dental Corporation	33-0942223	0.07%	385,458
Tan Green Valley Modern Dentistry PC	47-5009169	0.13%	421,717
Tang Sahara Modern Dentistry, PC	86-1484470	0.02%	10,524
Terri Nguyen Dental Corporation	20-0286568	0.09%	1,173,908
Tigard Modern Dentistry and Orthodontics PC	47-5159856	0.06%	128,369
Tigard Triangle Smiles PC	45-5401206	0.04%	117,106
Timothy Bennett Dental Corporation Walerga Dental Group	20-4185758	0.09%	467,765
Tiny Town Smiles Dentistry PC	82-3003093	0.07%	88,064
Tomball Smiles Dentistry PC	47-2822599	0.04%	119,404
Ton and Dhama Dental Corporation	26-1414225	0.07%	332,688
Toop Parkway Modern Dentistry PC	82-5284738	0.04%	80,577
Toop Rocksprings Dental Group PC	20-5338830	0.06%	264,435
Torres Craig Ranch Dental Group PC	82-2081293	0.07%	182,421
Trails Dental Group and Orthodontics PC	46-1730637	0.05%	156,709
Tran and Lee Dental Corporation	86-1910868	0.01%	22,890
Tran and Nosti Dental Corporation	45-5328801	0.07%	436,656
Trevor Thomas Dental Corporation	83-4245295	0.09%	106,564
Tualatin Modern Dentistry PC	46-1936813	0.06%	198,874
Tully and Mokbil Dental Corporation	87-1946556	0.00%	295
Usha Mantena Dental Corporation	81-1588527	0.07%	179,262
Vala Dental Corporation	20-2852563	0.06%	510,826
Vanson Dental Corporation	82-1748250	0.05%	237,459
Velayo Green Valley Smiles Dentistry PC	47-5334172	0.11%	258,124
Victoria D Nguyen DDS Inc	83-2233989	0.05%	100,465
Vicuna and Lambridis Dental Corporation	46-2774443	0.06%	217,342
Vicuna and Mak Dental Corporation	46-3785551	0.09%	410,642
Viera Modern Dentistry, PA	82-2112086	0.08%	122,524

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Village Dentistry PA	82-4845715	0.05%	96,426
Village Modern Dentistry, PA	82-2989436	0.00%	15,093
Village Smiles and Orthodontics PC	26-2956008	0.05%	227,558
Village West Dentistry PA	83-3264188	0.03%	35,636
Vincent Tu Dental Corporation	20-5672837	0.04%	206,491
Wadhwa Dental Corporation	26-4612750	0.07%	156,684
Walker and Watanabe Dental Corporation	52-2228282	0.07%	1,087,707
Walter Jefferson Dental Corporation	61-1933806	0.03%	43,008
Walter Jefferson, DDS, Inc.	81-4407998	0.03%	84,852
Waltham Modern Dentistry, PC	83-2817989	0.04%	52,176
Washington Dental Corporation PC	46-3111392	2.94%	6,698,749
Watanabe and Espeleta Professional Dental Corporation	20-2643349	0.06%	906,179
Watanabe and Lynn Dental Corporation	20-3463636	0.08%	754,272
Watanabe and Lynn Professional Dental Corporation	20-5672922	0.07%	398,698
Watanabe and Won Dental Corporation	20-3397598	0.16%	1,467,191
Watanabe Dental Corporation	33-0863139	0.18%	2,152,437
Watanabe Shadow Mountain Dental Group PC	20-8862814	0.13%	785,191
Watanabe Town Center Dental Group PC	20-5339044	0.15%	611,772
Waxahachie Modern Dentistry, PC	84-3262018	0.02%	9,305
Wesley Chapel Smiles Dentistry, PA	83-2833939	0.03%	27,306
West Cobb Dentist Office PC	81-5210441	0.06%	137,137
West Lawrence Dentistry, PA	83-2250535	0.07%	143,399
West Pines Modern Dentistry PA	82-1089818	0.02%	83,903
West Plano Modern Dentistry and Orthodontics PC	27-4593376	0.07%	573,563
West Sunrise Dentistry PA	47-4698313	0.04%	91,143
Westborough Modern Dentistry, PC	83-2818229	0.00%	1,507
Weston Modern Dentistry PA	81-3787267	0.03%	77,235
Westpointe Modern Dentistry PC	27-3945392	0.05%	120,753
White Bear Dentists PC	81-1719751	0.10%	233,944
Wildwood Dentists PA	81-0966671	0.08%	147,586
Wilsonville Smiles PC	45-4722517	0.04%	224,266
Windermere Dental Group, PC	47-4553474	0.00%	24,370
Wolf Ranch Dental Group, PC	82-2047903	0.11%	134,685
Woodbridge Dental Group and Orthodontics PC	27-1374795	0.06%	207,133
Woodbury Smiles Denistry PC	47-2728749	0.08%	212,864
Woodlands Modern Dentistry and Orthodontics PC	45-2492724	0.08%	383,724
Woodruff Smiles Dentistry, PC	84-2650580	0.02%	14,559
Woods Dental Group and Orthodontics PC	46-0692917	0.14%	493,646
Woodstock Dentistry PC	82-1437049	0.08%	109,028
Workings and Lambridis Dental Corporation	20-5023743	0.01%	172,784

Multiple-Employer Plan Participating Employer Information

Pacific Dental Services, LLC 401(k) Plan
EIN: 33-0681491
PN: 001

(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Wu and Najafi Dental Corporation	84-3037048	0.04%	62,680
Yanga Mountain Dental Group PC	26-2260433	0.08%	372,058
Yasmin Easley Dental Corporation	26-3363237	0.06%	275,161
Yeaton and Mar Dental Corporation	83-4375993	0.04%	46,833
Yen and Dimitri Dental Corporation	82-1998005	0.08%	199,216
Yige Zhao Dental Corporation	84-2906789	0.06%	75,308
Yip Horizon Ridge Modern Dentistry, PC	84-4827557	0.04%	26,572
Yun Hwan Oh Dental Corporation	83-4398389	0.05%	79,158
Zaklama Dental Corporation	33-0958377	0.09%	172,134

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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) ___

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)

Pacific Dental Services, LLC

17000 Red Hill Avenue

Irvine CA 92614

2b Employer Identification Number (EIN)
33-0681491

2c Plan Sponsor's telephone number
714-845-8500

2d Business code (see instructions)
551112

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	[signature]	10/11/22	Taylor Hawes
	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**	13,810
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)**	9,887
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10,865
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4,565
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	15,430
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**	**6f**	15,436
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	15,309
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2,450
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 2S 2T 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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_____

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2021
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001

	Participant Contributions and Loan Repayments Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE** 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
(1)	$ 126	$ -	$ 126	$ -	$ -
(2)	792	792	-	-	-
	$ 918	$ 792	$ 126	$ -	$ -

* Voluntary Fiduciary Correction Program
** Prohibited Transaction Exemption

(1) The above contributions were transferred late during the 2020 Plan year and were corrected during 2021.
(2) The above contributions were transferred late during the 2021 Plan year and were corrected during 2022.

See Independent Auditors' Report

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2021
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001

Identity of Issuer	Description of Investment	Current Value
* Empower Holding Account	Interest-Bearing Cash	$ 27,305
BlackRock Hlth Scnes Opprts Fd	Mutual Fund	5,834,065
Harbor Capital Appreciation Fd	Mutual Fund	15,507,072
AmerFunds EuroPacific Gr Fund	Mutual Fund	3,259,435
American Funds New World Fund	Mutual Fund	2,168,450
Brown Capital Mgmnt Sm Co Fd	Mutual Fund	3,269,639
Metropolitan West Tl Return Bnd Fd	Mutual Fund	6,453,973
MFS Mid Cap Value Fund	Mutual Fund	3,013,244
Vanguard Institutional Indx Fd	Mutual Fund	28,417,359
Vanguard Mid Cap Index Fund	Mutual Fund	6,983,176
Vanguard Small Cap Index Fund	Mutual Fund	7,024,257
Vanguard Tot Intl Stck Indx Fd	Mutual Fund	5,489,869
Vanguard Totl Bnd Mrkt Indx d	Mutual Fund	3,509,601
Victory Sycamore Sm Co Oppt Fd	Mutual Fund	1,404,692
Vanguard Real Estate Index Fd	Mutual Fund	4,174,865
Vanguard Instl Target Ret Inc	Mutual Fund	5,930,787
Vanguard Instl Target Ret 2015	Mutual Fund	63,101
Vanguard Instl Target Ret 2020	Mutual Fund	17,721,589
Vanguard Instl Target Ret 2025	Mutual Fund	2,846,200
Vanguard Instl Target Ret 2030	Mutual Fund	25,737,407
Vanguard Instl Target Ret 2035	Mutual Fund	7,929,308
Vanguard Instl Target Ret 2040	Mutual Fund	38,546,224
Vanguard Instl Target Ret 2045	Mutual Fund	20,647,935
Vanguard Instl Target Ret 2050	Mutual Fund	72,216,854
Vanguard Instl Target Ret 2055	Mutual Fund	37,501,643
Vanguard Instl Target Ret 2060	Mutual Fund	14,549,288
Vanguard Istl Trgt Ret 2065 Fd	Mutual Fund	2,872,362
* MassMutual High Yield Fund	Mutual Fund	1,484,730
		344,557,125

See Independent Auditors' Report

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2021
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
Eagle Mid Cap Growth CIT	Collective Investment Trust	2,743,721
Putnam Large Cap Value CIT	Collective Investment Trust	6,958,852
		9,702,573
* Fixed Interest Fund	Separate Account Guaranteed Interest Contract	19,153,138
* Notes receivable from participants	4.25% - 6.5%	6,589,975
		$ 380,030,116

* Indicates party-in-interest