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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.	10/12/2023	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**	15815
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)**	11244
a(2) Total number of active participants at the end of the plan year	**6a(2)**	12260
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4635
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	16895
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f Total. Add lines **6d** and **6e**	**6f**	16900
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	16572
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4308
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2S 2T 2X 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] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	0	01/01/2022	05/02/2022

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	19153138
c	Additions: (1) Contributions deposited during the year	7c(1)	513539		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	154351		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	138052		
	▶ LOAN INTEREST, LOAN REPAYS, LOAN DEFAULT OFFSET				
	(6) Total additions			7c(6)	805942
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	19959080
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1103923		
	(2) Administration charge made by carrier	7e(2)	127331		
	(3) Transferred to separate account	7e(3)	15536633		
	(4) Other (specify below)	7e(4)	3191193		
	▶ LOANS ISSUED, MKT VAL ADJ, CONVERSION OUT				
	(5) Total deductions			7e(5)	19959080
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	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 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	145004-U1	579	05/02/2022	12/31/2022

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	15379648
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST ACCOUNT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1094253		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	16983729		
	▶ CONVERSION IN				
	(6) Total additions			7c(6)	18077982
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	18077982
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	13111		
	(3) Transferred to separate account	7e(3)	1001796		
	(4) Other (specify below)	7e(4)	1683427		
	▶ ISSUED LOANS, WITHDRAWALS, FORFEITURES				
	(5) Total deductions			7e(5)	2698334
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15379648

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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).. . . . . [X] Yes [ ] No

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64 65 71	CONTRACT ADMINISTRATOR	391387	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(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 50 52 62 64 72	CONTRACT ADMINISTRATOR	370371	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	346580	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	26100	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 50	INVESTMENT ADVISOR	5367	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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 [ ]

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)

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 [ ]

(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 [ ]

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)

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 [ ]

(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 [ ]

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

23-2311358

(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 [ ]

(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 [ ]

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)

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 [ ]

(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 [ ]

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)

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 [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S SM CO OP FALITH INVESTOR SERVICES LLC DALLAS, TX 75254	0.10 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 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	0

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 FIDUCIARY TRUST COMPANY LLC

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	1837758

a Name of MTIA, CCT, PSA, or 103-12 IE: AB US SMALL CAP GROWTH CIT

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

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)
04-6948485-025	C	16457

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-063	C	148173

a Name of MTIA, CCT, PSA, or 103-12 IE: WT TRP STABLE VALUE CIT

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, NA

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)
86-1182766-655	C	2846446

a Name of MTIA, CCT, PSA, or 103-12 IE: CB INTERNATIONAL GROWTH CIT

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, NA

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)
82-3125078-346	C	113112

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

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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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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)	862	1198369
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27305	2263895
(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)	0	166685
(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)	6589975	8724452
(9) Value of interest in common/collective trusts	1c(9)	9702573	4961946
(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)	344557125	318348522
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19153138	15379648
(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	380030978	351043517
Liabilities			
g Benefit claims payable	1g	0	18241
h Operating payables	1h	0	9
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1705
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	19955
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	380030978	351023562

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)	9461592	
(B) Participants	2a(1)(B)	52697480	
(C) Others (including rollovers)	2a(1)(C)	3899403	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		66058475
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	203346	
(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)	314722	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		518068
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	663	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7679222	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7679885
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	184887	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	219613	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-34726
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-83535	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-83535

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-798351
(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)		-70532563
c Other income	2c		4813
d Total income. Add all **income** amounts in column (b) and enter total	2d		2812066
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30357466	
(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)		30357466
f Corrective distributions (see instructions)	2f		28744
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	26100	
(2) Contract administrator fees	2i(2)	1112878	
(3) Investment advisory and management fees	2i(3)	5367	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1144345
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31530555
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-28718489
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		288927

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		185127

		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	X		

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
INSPERITY 401(K) PLAN	76-0178498	001

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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): 04-2647786 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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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, 2022

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INDEPENDENT AUDITORS' REPORT

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 audits 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 certifications from Fidelity Management Trust Company as of December 31, 2022 and for the period from May 3, 2022 to December 31, 2022, and Great-West Life & Annuity Insurance Company under power of attorney granted by Massachusetts Mutual Life Insurance Company and Reliance Trust Company as of December 31, 2021 and for the period from January 1, 2022 to May 2, 2022 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

We conducted our audits 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 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 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits 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 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 - 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 audits 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 schedule 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 qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Irvine, California
October 12, 2023

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2022	**2021**
ASSETS		
Investments, at fair value	$ 325,741,048	$ 354,287,003
Investments, at contract value	15,379,648	19,153,138
	341,120,696	373,440,141
Receivables:		
Participant contributions	1,198,369	862
Notes receivable from participants	8,724,452	6,589,975
	9,922,821	6,590,837
	351,043,517	380,030,978
LIABILITIES		
Excess contributions payable	18,241	-
Other liabilities	1,714	-
	19,955	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 351,023,562	$ 380,030,978

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, 2022

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (74,609,079)
Interest and dividends	11,047,948
	(63,561,131)
Interest income on notes receivable from participants	314,722
Contributions:	
Participant	52,697,480
Employer	9,461,592
Rollover	3,899,403
	66,058,475
Total Additions	2,812,066
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	30,386,210
Administrative expenses	1,144,345
Total Deductions	31,530,555
NET DECREASE	(28,718,489)
TRANSFER OF ASSETS OUT OF THE PLAN (NOTE 1)	(288,927)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	380,030,978
END OF YEAR	$ 351,023,562

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, 2022

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) who have completed three months of service. Effective June 1, 2022, an employee is eligible to participate in the Plan upon completing one month of service. Effective January 1, 2022, the Plan was restated to bring it into compliance with the legislative and regulatory requirements by the Internal Revenue Service (IRS). 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.

Transfer

Pursuant to a Participation Agreement effective December 31, 2021, Patolus Operations, LLC ceased its participation in the Plan. As a result, certain assets of the Plan transferred to the Insperity 401(k) Plan and are reflected as a transfer of assets out of the Plan on the statement of changes in net assets.

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.

NOTE 1 – Description of the Plan (Continued)

Contributions (Continued)

Effective June 1, 2022, the automatic deferral maximum increased to 10% of compensation. 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 2022, 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, 2022. The Company's contributions are invested as directed by participants. Contributions are subject to certain IRS limitations.

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.

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 1 – Description of the Plan (Continued)

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 through 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. Effective June 1, 2022, a participant can receive installment payments.

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.

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. Effective June 1, 2022, such amounts are subject to a $500 minimum.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled $1,602,776 and $2,126,282, 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 2022, forfeited nonvested accounts of $384,234 were used to pay administrative expenses of the Plan. Also in 2022, forfeited nonvested accounts of $2,240,192 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.

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 depreciation 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, 2022 or 2021.

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 2022 excess contribution payable to the applicable participants in August 2023.

NOTE 2 – Summary of Significant Accounting Policies (Continued)

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 depreciation of fair value investments.

Subsequent Events

The Plan has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued.

NOTE 3 – Certified Investments

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, as of December 31, 2021 and from January 1, 2022 to May 2, 2022, and Fidelity Management Trust Company (Fidelity), the trustee of the Plan, as of December 31, 2022 and from May 3, 2022 to December 31, 2022, 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 depreciation in fair value of investments
- Interest and dividends
- Schedule of assets held at end of year

NOTE 3 – Certified Investments (Continued)

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.

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.

NOTE 4 – Fair Value Measurements (Continued)

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, 2022 and 2021.

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.

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.

Self-directed brokerage accounts (SDBA): The fair value of the SDBA is based on the fair values of the investments within the SDBA as follows: cash is valued at amortized cost, which approximates fair value; common stock and registered investment companies (mutual funds) are based on quoted prices at year-end and are actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 2,055,231	$ -	$ -	$ 2,055,231
Mutual funds	318,322,583	-	-	318,322,583
Collective investment trusts	-	4,961,946	-	4,961,946
Self-directed brokerage accounts	401,288	-	-	401,288
Investments at fair value	$ 320,779,102	$ 4,961,946	$ -	$ 325,741,048

NOTE 4 – Fair Value Measurements (Continued)

	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

NOTE 5 – Fully Benefit-Responsive Interest Contracts

The Plan invested in fully benefit-responsive group annuity contracts with a general account guarantee that provides a stated rate of return with Great-West totaling $15,379,648 for 2022 and $19,153,138 for 2021. Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on an annual basis for resetting. The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure 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, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

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

Certain plan investments are managed or held by Fidelity**,** Great-West, on behalf of Massachusetts Mutual Life Insurance Company (MassMutual), and Reliance. Fidelity is the trustee and recordkeeper for the Plan from May 3, 2022 to December 31, 2022. Great-West was the custodian and recordkeeper and Reliance was the trustee for the Plan from January 1, 2022 to May 2, 2022. Therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation 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 Fidelity of $391,387 and MassMutual of $370,371, which was not covered by revenue sharing. The Plan also made a direct payment of $346,580 to Pension Benefits Unlimited, Inc for third party administrator services. 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 June 30, 2020, the IRS ruled that the non-standardized pre-approved profit-sharing plan adopted by the Plan, as then designed, qualifies under applicable sections of the Internal Revenue Code (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, 2022
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)	$ 792	$ -	$ 792	$ -	$ -
(2)	77,575	-	77,575	-	-
(3)	106,760	106,760	-	-	-
	$ 185,127	$ 106,760	$ 78,367	$ -	$ -

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

(1) The above 2021 contributions were transferred late during the 2021 Plan year. Lost earnings were restored during 2022.

(2) The above 2022 contributions were transferred late during the 2022 Plan year. Lost earnings were restored during 2022.

(3) The above 2022 contributions were transferred late during the 2022 Plan year. Contributions and lost earnings will be corrected during 2023.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2022
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001

Identity of Issuer	Description of Investment	Current Value
* Fidelity Stif	Interest-Bearing Cash	$ 448,256
Vang Vmmr-Fed Mmkt	Interest-Bearing Cash	1,606,975
		2,055,231
Vang Target Ret 2055	Mutual Fund	47,454,041
Vang Target Ret 2065	Mutual Fund	5,031,441
Harbor Cap App Ret	Mutual Fund	1,589,716
Blkrk Hlth Sci Opp K	Mutual Fund	1,494,191
Vang Target Ret 2020	Mutual Fund	2,433,786
Vang Target Ret 2030	Mutual Fund	23,833,430
Vang Target Ret 2040	Mutual Fund	39,906,741
Vang Target Ret 2050	Mutual Fund	59,660,925
Vang Target Ret Inc	Mutual Fund	1,564,732
Vang Target Ret 2025	Mutual Fund	10,417,708
Vang Target Ret 2035	Mutual Fund	30,196,416
Vang Target Ret 2045	Mutual Fund	58,063,581
MFS Mid Cap Value R6	Mutual Fund	391,529
Metwest Tot Rtn Bd P	Mutual Fund	167,211
AF New World R6	Mutual Fund	225,735
Victory S Sm Co Op I	Mutual Fund	173,726
Blkrk Infl Pro Bd K	Mutual Fund	246,337
Vang Target Ret 2060	Mutual Fund	20,145,402
* Fidelity US Bond Idx	Mutual Fund	587,275
* Fidelity 500 Index	Mutual Fund	11,267,506
* Fidelity Mid Cap Idx	Mutual Fund	1,061,917
* Fidelity Real Estate Idx	Mutual Fund	261,912
* Fidelity Sm Cap Idx	Mutual Fund	964,345
* Fidelity Intl Index	Mutual Fund	1,182,980
		318,322,583

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, 2022
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
Ab US Sm Cap Grth S	Collective Investment Trust	16,457
Ivy Mid Cap Growth C	Collective Investment Trust	148,173
Wt Trp Stable Val S	Collective Investment Trust	2,846,446
Putn Lg Cp Val Tr Ia	Collective Investment Trust	1,837,758
Cb Intl Growth S1	Collective Investment Trust	113,112
		4,961,946
* Fidelity Self-Directed Brokeragelink Accounts	Interest-bearing cash, Common Stock, and Registered Investment Companies	401,288
* Blended Guaranteed Account	Guaranteed Interest Contract	15,379,648
* Notes receivable from participants	4.25% - 8.00%	8,724,452
		$ 349,845,148

* Indicates party-in-interest

Multiple-Employer Plan Participating Employer Information
for the Plan Year ended December 31, 2022

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	0.0000	6,901
Abdeshahian and Nguyen Dental Corporation	84-1898004	0.0000	61,628
Abrams and Lee Dental Corporation	83-1669265	0.0000	69,753
Acworth Smiles Dentistry, PC	47-1167767	0.0003	80,306
Adam Battaglia, D.M.D., Water Tower Dental Group, P.C.	46-4769142	0.0010	321,974
Ahmad Mokbil Dental Corporation	45-5077754	0.0000	235,936
Aiken and Huss Dental Corporation	20-3355339	0.0000	348,482
Alex R Sharifian DDS, New Mark Modern Dentistry, PC	86-3895636	0.0001	6,228
Alex R. Sharifian, D.D.S., Blue Springs Dentistry, P.C.	46-5555903	0.0010	430,649
Alex R. Sharifian, D.D.S., Dentists of Independence, PC	84-2246488	0.0004	45,039
Alex R. Sharifian, D.D.S., Dentists of St. Peters, PC	84-3015293	0.0004	28,424
Alex R. Sharifian, D.D.S., Inc.	04-3665603	0.0000	544,330
Alex R. Sharifian, D.D.S., White Oak Dental Group, P.C.	82-1798585	0.0005	149,776
Alex Sharifian DDS Network of Midwest Dental Providers PC	47-3608603	0.0023	412,185
Alex Sharifian, D.D.S., Creve Coeur Dentistry, P.C.	47-2820065	0.0006	144,331
Alex Sharifian, D.D.S., Francis Park Dentistry, P.C.	46-3543392	0.0004	112,551
Alex Sharifian, D.D.S., Lindenwood Dentistry, P.C.	81-2845588	0.0003	84,483
Alex Sharifian, D.D.S., Mehlville Modern Dentistry, P.C.	46-3074312	0.0005	111,400
Alex Sharifian, D.D.S., Rock Hill Dentistry, P.C.	82-1111316	0.0004	29,455
Alexander Tran Dental Corporation	82-5286485	0.0000	106,526
Ali Jadali-Araghi, D.M.D., Inc.	87-0690293	0.0000	192,738
Ali Shahrestani, D.M.D., PLLC	86-3952535	0.0000	0
Ali Shahrestani, D.M.D., PLLC	86-3952535	0.0006	55,271
Allyson Hanson, D.D.S., Dentists of Metairie, a Professional Corpora	84-3352434	0.0004	42,542
Alubaidi Dental Corporation	45-1148679	0.0000	273,379
Alvarado and Pham Dental Corporation	46-3930210	0.0000	196,371
Amardeep Gill and Reymond Bautista Dental Corporation	82-3053885	0.0000	43,479
Amardeep Gill Dental Corporation	27-1713054	0.0000	821,059
Amezcua Dental Corporation	20-4515941	0.0000	237,480
Anghel Ranch Plaza Dental Group, PC	20-8899851	0.0002	154,821
Antioch Dentistry, P.A.	47-0968882	0.0007	181,335
Antono Teang Dental Corporation	47-5333463	0.0000	123,147
Apollo Beach Modern Dentistry, PA	87-3215474	0.0003	29,548
Arbors Modern Dentistry, PC	45-3694561	0.0000	56,835
Ariannejad and Pham Dental Corporation	81-3953595	0.0000	192,581
Ariannejad Dental Corporation	61-1683164	0.0000	310,534
Ariella Pessah Dental Corporation	47-4917892	0.0000	273,531
Arlington Modern Dentistry, PC	87-3434440	0.0003	18,953
Aspen Hill Modern Dentistry, LLC	88-1755969	0.0000	214

Multiple-Employer Plan Participating Employer Information
for the Plan Year ended December 31, 2022

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
Atascocita Modern Dentistry and Orthodontics, PC	45-4857304	0.0022	851,488
Austell Smiles Dentistry, PC	47-2300267	0.0006	205,639
Austin Modern Dentistry, PC	27-3921025	0.0007	114,645
Awad Dental Corporation	47-3647973	0.0000	219,028
AZ Regional Dental Services LLC	27-0260005	0.0508	18,043,615
Babak Ariannejad Dental Corporation	47-3647011	0.0000	281,883
Bach Nguyen Dental Corporation	27-3780007	0.0000	562,734
Bach Xuan Nguyen Dental Corporation	46-3718652	0.0000	312,064
Bandera Modern Dentistry, PC	45-4864532	0.0011	389,830
Bastrop Modern Dentistry, PC	81-3753047	0.0005	83,401
Bautista and Gill Dental Corporation	26-3362928	0.0000	282,933
Baytown Modern Dentistry, PC	81-1718687	0.0004	86,442
Bee Country Modern Dentistry and Orthodontics, PC	46-2403883	0.0006	128,340
Berry Hill Dental Group, PC	86-1498111	0.0003	27,342
Bhatia and Sambangi Dental Corporation	46-2695379	0.0000	312,742
Bhatia and Shetty Dental Corporation	45-2957650	0.0000	612,388
Black and To Dental Corporation	45-4958578	0.0000	415,677
Blaine Dentistry, PC	47-2006348	0.0006	172,562
Bloomington Smiles Dentistry, PC	81-0979668	0.0007	407,256
BluHawk Dental Group, P.A.	81-4846630	0.0009	272,459
Bocash and Nosti Dental Corporation	27-0837949	0.0000	173,111
Bocash and Sharifian Dental Corporation	20-0571325	0.0000	122,155
Boehme Dentists of Carson City, PC	82-2154965	0.0004	119,190
Boynton Beach Modern Dentistry, PA	83-4320921	0.0002	30,313
Brandon Modern Dentistry, PA	84-2176393	0.0003	34,378
Brian Nguyen Dental Corporation	87-4802567	0.0000	0
Brian Watanabe, DDS Manchester Dental Group, PC	47-3644836	0.0000	79,032
Briargrove Smiles Dentistry, PC	46-3786113	0.0007	235,197
Bringhurst Rainsprings Dental Group, PC	20-5337268	0.0011	242,754
Bristow Fountain Dentistry, PC	83-4676111	0.0001	21,083
Brookridge Dentistry, P.A.	83-0744478	0.0005	92,825
Brown Spring Valley Modern Dentistry, PC	87-4020583	0.0002	11,529
Bryan Modern Dentistry, PC	47-1896219	0.0005	128,981
Bryan Watanabe, D.D.S., Ladue Dental Group, P.C.	47-3141747	0.0006	141,808
Bryant Vest Dental Corporation	20-4320765	0.0000	663,363
Buehler and Reagan Dental Corporation	06-1641372	0.0000	374,185
Buki Ajayi Dental Corporation	20-3463405	0.0000	342,211
Bulverde Dentistry, PC	81-5320085	0.0009	171,428
Burleson Modern Dentistry, PC	27-3119419	0.0012	403,481

Multiple-Employer Plan Participating Employer Information
for the Plan Year ended December 31, 2022

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
Burlington Dentist Office, PC	83-3256891	0.0001	19,929
Cabanas and Lee Dental Corporation	26-1367048	0.0000	288,583
Calicdan and Gill Dental Corporation	83-3630652	0.0000	52,924
Camacho and Zaklama Dental Corporation	86-3234679	0.0000	3,541
Canton Modern Dentistry, PC	88-2130158	0.0000	1,345
Canton Smiles Dentistry, PC	46-3459178	0.0005	274,361
Carolyn Ghazal and John Nosti Dental Corporation	26-4309611	0.0000	388,825
Carolyn Ghazal and Minh Pham Dental Corporation	26-3668145	0.0000	551,480
Carrollton Modern Dentistry, PC	27-2717368	0.0002	101,844
Carter Springdale Modern Dentistry, PC, Inc.	83-4053462	0.0002	15,353
Cartersville Dentist Office, PC	81-4390471	0.0005	277,928
Castle Hills Smiles Dentistry, PC	47-3351185	0.0000	5,119
Cedar Hill Modern Dentistry, PC	27-4593084	0.0007	127,505
Cedar Hills Modern Dentistry, PC	82-2973210	0.0005	95,460
Cedar Park Modern Dentistry, PC	27-2952453	0.0011	447,443
Champions Modern Dentistry, PC	46-3735422	0.0005	127,530
Champlin Dentistry, P.C.	47-5351948	0.0006	158,812
Chanhassen Smiles Dentistry, P.C.	47-4701375	0.0000	53,706
Chantilly Modern Dentistry, PC	82-5266973	0.0004	72,397
Chapin Smiles Dentistry, PC	83-3120460	0.0005	61,529
Chaska Commons Dental Group, PC	46-5692444	0.0011	316,882
Chastain Park Dentistry, PC	81-1487408	0.0001	39,819
Chelmsford Modern Dentistry, PC	86-3653854	0.0002	15,372
Cheryl Tran Dental Corporation	27-3506491	0.0000	239,133
Cheung Dental Corporation	33-0979403	0.0000	328,546
Chokka and Ghazal Dental Corporation	26-3869028	0.0000	357,158
Christina Kim Dental Corporation	88-2184752	0.0000	0
Christine Walters, D.D.S., Juban Crossing Modern Dentistry, a Profe	47-5186973	0.0007	190,323
Christopher Drake, D.D.S., My Kid's Dentist and Orthodontics, PC	83-2714098	0.0004	95,797
Chu and Watanabe Dental Corporation	20-4185434	0.0000	245,745
Chung and Nosti Dental Corporation	26-1197746	0.0000	514,594
Clackamas Square Dental Group, PC	46-3975863	0.0000	749
Clarksville Modern Dentistry, PC	81-4600272	0.0007	166,670
Clear Lake Modern Dentistry, PC	45-3080175	0.0007	275,787
Clemson Modern Dentistry, PC	86-3270868	0.0003	22,374
Clermont Modern Dentistry, PA	87-3230141	0.0004	27,427
Clermont Smiles Dentistry, PA	81-3799409	0.0005	102,066
Clint Walker Dental Corporation	82-5209752	0.0000	80,287
Clinton Park Dental Corporation	26-4060984	0.0000	135,197

Multiple-Employer Plan Participating Employer Information
for the Plan Year ended December 31, 2022

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
Clinton Park, D.D.S., Inc.	20-3642955	0.0000	495,829
College Station Modern Dentistry, PC	47-1879889	0.0009	321,966
Columbia Heights Dentistry, PC	81-0963850	0.0003	62,727
Conlon Dental Corporation	83-3104783	0.0000	33,267
Conyers Smiles Dentistry, PC	47-1978610	0.0012	159,379
Cool Springs Modern Dentistry, PC	83-2990701	0.0004	40,109
Coon Rapids Modern Dentistry, PC	92-1587945	0.0000	0
Coppell Modern Dentistry, PC	27-3920723	0.0006	347,404
Copperfield Modern Dentistry and Orthodontics PC	46-1422951	0.0002	58,506
Coral Springs Modern Dentistry, PA	82-1929367	0.0004	51,657
Crabapple Smiles Dental Group, PC	46-5340125	0.0004	54,835
Cross Roads Smiles Dentistry, PC	81-3650744	0.0006	108,205
Culebra Smiles and Orthodontics, PC	45-3932314	0.0008	517,619
Cumming Smiles Dentistry, PC	81-3954751	0.0000	13,065
Cypress Crossroads Dental Group, PC	47-2352810	0.0002	69,193
Cypress Dental Group and Orthodontics, PC	45-4891598	0.0004	126,323
Cypress Springs Dentistry, PC	47-1193430	0.0006	158,174
Dang and Gill Dental Corporation	82-2596314	0.0000	41,299
Daniels Modern Dentistry, PA	83-0541772	0.0006	119,050
Darren Do Dental Corporation	20-1178061	0.0000	301,818
Dart and Sharifian Dental Corporation	20-1868335	0.0000	492,693
Davenport Modern Dentistry, PA	84-3251943	0.0014	292,989
David Kim Dental Corporation	47-5350235	0.0000	60,870
David King, D.D.S., O'Fallon Modern Dentistry, P.C.	46-3537630	0.0011	225,806
Davie Modern Dentistry, PA	81-1451906	0.0005	70,822
Davis and Do-Yabut Dental Corporation	81-2402594	0.0000	272,218
De Zavala Modern Dentistry, PC	84-2648317	0.0004	76,109
Deepika Dhama Dental Corporation	20-3355698	0.0000	950,708
Deerfield Modern Dentistry, PA	85-0544449	0.0004	25,007
Dental Corporation of Jason Lee	90-0359077	0.0000	190,924
Dental Corporation of Karim Zaklama, D.D.S.	20-2821736	0.0000	492,925
Dental Corporation of Ritesh Kumar	45-3010276	0.0000	81,472
Dental Corporation of Rittu Gill, D.D.S.	77-0595456	0.0000	208,077
Dental Corporation of Sanaz Khaleghi	83-1571205	0.0000	200,668
Dental Office of Prosper, PC	82-2444735	0.0007	111,448
Dentists at Chisholm Trail, PC	84-4203183	0.0005	48,578
Dentists at Midtown, PA	83-3631701	0.0006	108,117
Dentists at Westchase, P.A.	83-1669741	0.0007	139,167
Dentists of Arlington, PC	83-1952399	0.0007	43,983

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Dentists of Attleboro, PC	82-3436179	0.0006	93,583
Dentists of Bellevue, PC	82-2052233	0.0004	101,273
Dentists of Boca Village, PA	88-1069347	0.0000	2,935
Dentists of Boise and Orthodontics, PC	84-4879131	0.0004	38,857
Dentists of Buford, PC	82-4414030	0.0005	62,620
Dentists of Chamblee, PC	81-4375407	0.0000	12,903
Dentists of Coral Gables, PA	83-1442742	0.0003	81,761
Dentists of Devine, PC	84-5164166	0.0002	16,126
Dentists of Doral, PA	84-3572124	0.0003	36,120
Dentists of Eagle Mountain, PC	82-1095297	0.0005	141,055
Dentists of East Brainerd, PC	84-2523780	0.0005	64,134
Dentists of Eden Prairie, P.C.	81-4729852	0.0007	138,425
Dentists of Flower Mound, PC	27-1374563	0.0000	19,333
Dentists of Fort Bend, PC	82-3049742	0.0012	199,642
Dentists of Fort Lauderdale, PA	83-3631193	0.0003	35,313
Dentists of Fort Myers, PA	88-2684545	0.0000	1,881
Dentists of Gainesville, PC	82-1096595	0.0005	128,133
Dentists of Hanover, PC	83-1097471	0.0002	26,524
Dentists of Highland Park, PC	82-2887828	0.0009	184,577
Dentists of Hollywood, PA	87-4294529	0.0001	6,757
Dentists of Hudson Oaks and Orthodontics, PC	84-2249715	0.0006	70,186
Dentists of Lake Worth, PC	82-4232158	0.0005	97,766
Dentists of Lakeland, PA	82-5100089	0.0008	126,095
Dentists of Lenexa, P.A.	87-1834790	0.0006	44,055
Dentists of Lexington, PC	82-3018524	0.0004	127,935
Dentists of Mansfield, PC	83-1931247	0.0004	46,267
Dentists of Melbourne, PA	82-4030927	0.0003	27,262
Dentists of Miami Gardens, PA	84-4874848	0.0003	17,905
Dentists of Midlothian and Orthodontics, PC	82-5283267	0.0007	139,910
Dentists of Mitchell Ranch, PA	86-2122459	0.0002	14,323
Dentists of Montgomery, PC	82-2990081	0.0007	116,292
Dentists of Moore and Orthodontics, PC	85-1864662	0.0000	130
Dentists of Nona, PA	85-2905376	0.0007	63,514
Dentists of Northpark, PC	86-2745072	0.0002	15,882
Dentists of Oakland Park, PA	88-1264061	0.0000	190
Dentists of Ocoee, PA	84-2507350	0.0004	59,772
Dentists of Oklahoma City, PC	85-3267465	0.0000	0
Dentists of Palm Beach Gardens, PA	83-2253738	0.0005	57,762
Dentists of Pines, PA	82-5090576	0.0005	116,880

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Dentists of Port Charlotte, PA	84-3026378	0.0002	23,440
Dentists of Richmond, PC	88-1696899	0.0000	2,991
Dentists of Riverstone, PC	83-3313266	0.0004	68,951
Dentists of Riverview, PA	83-1530206	0.0005	44,247
Dentists of Rowlett, PC	84-2847758	0.0003	29,330
Dentists of Royal Palm, PA	83-4369457	0.0002	24,498
Dentists of Sanford, PA	83-4612870	0.0002	23,868
Dentists of Savage, P.C.	81-3844114	0.0002	16,575
Dentists of Silver Spring, LLC	85-2965662	0.0008	66,081
Dentists of South Naples, PA	83-1572005	0.0006	59,983
Dentists of Sterling, PC	82-0855743	0.0005	186,980
Dentists of Stone Oak, PC	83-2253525	0.0005	87,155
Dentists of Waco, PC	84-3306537	0.0002	37,865
Dentists of West Columbia, PC	83-1443647	0.0004	57,550
Dentists of West St. Paul, PC	88-1936840	0.0001	5,516
Dentists of White Rock, PC	84-3347969	0.0004	163,833
Dentists of Winter Park, PA	84-2507489	0.0003	23,531
Dentists of Winter Springs, PA	83-1095622	0.0001	9,747
Dentists of Woodbury, PC	83-3401191	0.0006	81,505
Denton Modern Dentistry and Orthodontics, PC	47-1433162	0.0004	57,354
Derby Modern Dentistry, P.A.	83-3567951	0.0003	18,280
Devon Pucel, D.D.S., Chesterfield Smiles Dentistry, PC	81-0774289	0.0004	61,868
Dhama and Kadakia Dental Corporation	06-1641366	0.0000	509,581
Dhama and Rodgers Dental Corporation	20-3036625	0.0000	273,396
Dhaval Patel and Amardeep Gill Dental Corporation	46-1122636	0.0000	169,699
Dhaval Patel and Carolyn Ghazal Dental Corporation	20-1511064	0.0000	1,333,385
Diana Do-Yabut Dental Corporation	20-1868462	0.0000	762,757
Dimitri Dental Corporation	20-1308475	0.0000	351,694
Dinea-Berci Dental Corporation	47-2667783	0.0000	92,211
Doctor Phillips Modern Dentistry, PA	81-1949110	0.0005	162,692
Donelson Smiles Dentistry, PC	47-4052054	0.0004	79,937
Douglas Dental Corporation	87-1307899	0.0000	0
Do-Yabut and Tran Dental Corporation	20-1795401	0.0000	367,276
Eagan Smiles Dentistry, P.C.	47-4832628	0.0006	61,959
Eagle Smiles Dentistry and Orthodontics, PC	46-1799098	0.0005	207,537
Easley Dental Corporation	20-5527422	0.0000	781,095
Edgewood Smiles Dentistry, PC	84-2368811	0.0005	76,876
Ekizian and Elie Dental Corporation	20-8808196	0.0000	132,433
Eldorado Smiles and Orthodontics, PC	26-3071684	0.0006	154,201

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Elias Dental Corporation	88-2156743	0.0000	0
Elie Dental Corporation	20-1868419	0.0000	343,629
Elie Professional Dental Corporation	57-1166646	0.0000	660,977
Elpers Dentists of Spring Valley, PC	81-4017924	0.0004	56,959
Emerald Smiles Dentistry, PC	88-2661526	0.0000	0
Entabi Dental Corporation	27-2554720	0.0000	330,669
Estero Smiles Dentistry, PA	84-5127986	0.0003	21,660
Evans Spring Valley Dentist Office, PC	47-4703621	0.0003	93,880
Faddis Dentists of North Las Vegas, PC	82-1271826	0.0006	156,341
Fairfax Modern Dentistry, PC	82-5230240	0.0003	25,147
Fairview Heights Dentistry, PLLC	84-2130768	0.0002	35,947
Falls Church Modern Dentistry, PC	83-3730228	0.0004	47,142
Fareid Dental Corporation	47-2379550	0.0000	225,467
Farragut Modern Dentistry, PC	83-2993131	0.0006	76,183
Fayetteville Smiles Dentistry, PC	47-2283359	0.0006	81,451
Fedor Dental Corporation	83-1056779	0.0000	41,173
Firewheel Modern Dentistry, PC	46-3809450	0.0006	328,269
Fishhawk Modern Dentistry, PA	84-3695479	0.0000	1,424
Florence Smiles Dentistry, PLLC	84-4533929	0.0002	15,642
Fontainebleau Dentistry, PA	81-0802675	0.0008	193,036
Forney Modern Dentistry and Orthodontics, PC	27-0777146	0.0009	443,266
Fort Mill Smiles Dentistry, PC	86-3212650	0.0003	18,815
Foxchase Dental Group, PC	87-4566755	0.0001	7,308
Freeman Las Vegas Modern Dentistry, PC	45-2993092	0.0015	772,735
Friendswood Modern Dentistry, PC	47-5186364	0.0004	135,349
Frisco Crossing Dental Group and Orthodontics, PC	84-4688954	0.0003	31,016
Frisco Custer Star Dental Group, PC	27-3959669	0.0008	277,957
Fulshear Modern Dentistry, PC	81-3802222	0.0005	92,610
Gaffino and Reagan Dental Corporation	45-2827534	0.0000	211,973
Gallatin Smiles Dentistry, PC	81-2834429	0.0003	39,358
Garcia Medical Corporation, PC	81-1476918	0.0009	102,263
Gerald Lopez Dental Corporation	26-1379538	0.0000	665,901
Gerald Lopez, D.D.S., Inc.	26-1379336	0.0000	390,767
Ghazal and Hsieh Dental Corporation	20-3200949	0.0000	829,066
Ghazal and Sood Dental Corporation	46-5618399	0.0000	23,282
Ghazal Dental Corporation	33-0958380	0.0000	1,195,264
Ghazal Rodgers and Watanabe Dental Corporation	47-5426970	0.1833	14,036,322
Gill and Bautista Dental Corporation	45-3982436	0.0000	301,706
Gill and Sambangi Dental Corporation	33-0958384	0.0000	1,034,724

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Gill and Vicuna Dental Corporation	46-3505233	0.0000	168,088
Gill Professional Dental Corporation	26-1379128	0.0000	560,600
Giselle Mar Dental Corporation	77-0505368	0.0000	605,393
Glade Modern Dentistry and Orthodontics, PC	46-2664322	0.0007	158,856
Gladstone Smiles Dentistry, PC	83-0782916	0.0001	37,549
Glenwood Park Dentistry, PC	81-2613261	0.0007	190,292
Gogiltan-Waxler and Setareh Dental Corporation	20-4184647	0.0000	437,987
Grace Min Dental Corporation	47-3082042	0.0000	66,473
Grand Lakes Dental Group and Orthodontics, PC	46-1571183	0.0002	138,084
Grand Prairie Modern Dentistry, PC	84-3153685	0.0003	21,738
Grant Park Dentistry, PC	47-3368419	0.0006	148,086
Greenville Modern Dentistry, PC	88-2117076	0.0000	0
Gresham Modern Dentistry, PC	46-1574093	0.0007	343,033
Guevara-Lara Dental Corporation	84-3088015	0.0000	26,388
Gulati Highlands Dentistry, PC	84-4715776	0.0005	69,482
Guru West Chester Modern Dentistry PC, Inc.	84-5177140	0.0004	23,636
Habashi Dental Corporation	20-2743030	0.0000	316,068
Hambik Oktanyan Dental Corporation	20-8337771	0.0000	498,018
Hanover Smiles Dental Group and Orthodontics, PC	46-2180298	0.0005	295,417
Harper's Preserve Dentistry, PC	84-3051844	0.0005	50,149
Harrington Lemmon Valley Dental Group, PC	47-4661062	0.0009	364,643
Harris Spring Dental Group, PC	46-5160988	0.0010	209,272
Hejazi Dental Corporation	82-3554326	0.0000	88,745
Hendersonville Smiles Dentistry, PC	82-1439729	0.0004	36,717
Henry Nguyen Dental Corporation	47-3647384	0.0000	189,947
Heritage Modern Dentistry, PC	45-4229579	0.0011	475,242
Hermitage Modern Dentistry, PC	86-3767081	0.0003	25,776
Herndon Modern Dentistry, PC	84-3564401	0.0002	26,741
Hickory Creek Dental Group and Orthodontics, PC	27-0744922	0.0008	242,888
Hickory Plaza Dental Group, PC	87-0883538	0.0002	15,377
Hillsboro Dentist Office, PC	82-2051540	0.0002	19,458
Hillsboro Modern Dentistry, PC	46-4246016	0.0007	210,170
Hilltop Smiles, PC	45-5395657	0.0008	257,295
Hinderberger Dental Corporation	84-2205686	0.0000	49,223
Hiram Dental Group, PC	46-5352404	0.0007	211,748
Hoang Las Vegas Modern Smiles Dentistry, PC	83-2088060	0.0005	12,948
Homestead Modern Dentistry, PA	84-3871037	0.0004	47,655
Hopkins Crossroads Dentistry, PC	84-4679922	0.0002	11,474
Hsieh and Abdelkarim Dental Corporation	46-2684206	0.0000	299,237

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Hsieh and Chung Dental Corporation	26-0867494	0.0000	302,413
Hulen Modern Dentistry, PC	27-2953792	0.0004	185,302
Hutto Modern Dentistry, PC	81-3882878	0.0003	33,947
Huynh and Habashi Dental Corporation	81-3383755	0.0000	119,563
Huynh and Watanabe Dental Corporation	20-1783257	0.0000	481,255
Inaksh Johal Dental Corporation	26-0189776	0.0000	661,488
Iowa Street Dental Group, P.A.	88-3108599	0.0001	3,809
Jackson and Aulick Dental Corporation	75-3074597	0.0000	632,993
Jackson and Lee Dental Corporation	20-5700093	0.0000	228,422
Jacob Dent, D.D.S., Baton Rouge Modern Dentistry, a Professional C	81-3442396	0.0000	35,195
Jacob Dent, D.D.S., Dentists of Lake Charles, a Professional Corpora	82-3017360	0.0009	198,806
Jacob Dent, D.D.S., Dentists of Mandeville, a Professional Corporatic	84-3796016	0.0003	33,746
Jadali-Araghi and Nosti Dental Corporation	26-1928752	0.0000	339,999
Jadali-Araghi Dental Corporation	47-1387549	0.0000	218,769
Jaiswal and Dalton Dental Corporation	26-0714988	0.0000	324,856
Jantzen Beach Modern Dentistry, PC	46-2799057	0.0000	4,305
Jedediah Huss Dental Corporation	20-8919118	0.0000	229,741
Jefferson and Kim Dental Corporation	46-1122798	0.0000	320,458
Jefferson and Schmidt Dental Corporation	26-0152018	0.0000	1,134,799
Jeffrey D. Anderson, D.D.S., Madison Dental Group, PC.	46-3664805	0.0005	162,591
Jeffrey S. Toler, D.D.S., Millerville Dental Group, a Professional Corp	82-3005362	0.0003	46,261
Jennifer Herbert Dental Corporation	82-4653683	0.0000	62,745
Jennifer Williams Tinnel, D.D.S., Tiffany Springs Dental Group, PC	46-0939677	0.0011	227,548
Jeong Dental Corporation	20-4959338	0.0000	414,392
Jessica Nguyen Dental Corporation	47-4381606	0.0000	120,482
Jett Ferry Dental Group, PC	46-5267941	0.0002	90,141
Jimmy Cheung Dental Corporation	26-1438630	0.0000	236,836
Joan Thanh To Dental Corporation	81-1589720	0.0000	147,222
Joesting Dental Corporation	20-4652066	0.0000	135,232
John C. Nosti, D.D.S., Inc.	47-3549927	0.0000	165,247
John Holmes, D.D.S., Belton Modern Dentistry, PC	46-0929087	0.0009	243,105
John Nosti Dental Corporation	38-3942042	0.0000	107,867
Johnson Ferry Dentistry, PC	46-3473074	0.0006	252,866
Jonathan Nguyen, D.D.S., Dentists of Slidell, a Professional Corporat	81-4944535	0.0005	102,384
Joseph Hanna, D.D.S., Inc.	82-4523721	0.0000	43,176
Joshua Girod, D.D.S., Acadian Modern Dentistry, a Professional Cor	47-5170078	0.0005	147,555
Justin Mercer Dental Corporation	82-1928969	0.0000	36,602
Justin Namm Dental Corporation	88-2769878	0.0000	0
Kahbody Dental Corporation	20-0053245	0.0000	214,038

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Kang Reno Modern Dentistry, PC	46-1410369	0.0011	316,257
Kansagra and Nguyen Dental Corporation	20-4023989	0.0000	434,543
Kansagra Dentists at Hyde Park Plaza, PC, Inc.	83-4336179	0.0003	45,783
Kansagra Dentists of Westwood PC, Inc.	83-3301916	0.0001	30,738
Kansagra Mason Modern Dentistry PC, Inc.	84-4024437	0.0003	16,921
Karim Zaklama Dental Corporation	47-4959187	0.0000	269,772
Karimzada Silverado Ranch Dentistry, PC	83-3457455	0.0003	48,839
Katayoun Setareh Dental Corporation	26-4428996	0.0000	268,375
Katherine Babineaux, D.D.S., Lafayette Modern Dentistry, a Professi	47-5199871	0.0012	208,491
Katy Highlands Dental Group, PC	46-5766919	0.0006	167,515
Katy Modern Dentistry and Orthodontics, PC	45-4864660	0.0007	389,704
Kedia and Watanabe Dental Corporation	20-1781675	0.0000	157,799
Keller Modern Dentistry and Orthodontics, PC	47-2364760	0.0004	82,175
Kevin Chung Dental Corporation	46-4406778	0.0000	327,586
Kevin Su Dental Corporation	87-2322582	0.0000	0
Khaled Entabi, D.D.S., Inc.	83-0770292	0.0000	79,758
Khattak Dental Corporation	20-4320661	0.0000	211,106
Khazali Dental Corporation	20-4185266	0.0000	257,726
Killeen Modern Dentistry, PC	82-4196741	0.0003	44,244
Killian Dentistry, PC	82-2629930	0.0005	128,123
Kim and Do-Yabut Dental Corporation	86-3746883	0.0000	1,541
Kim and Watanabe Dental Corporation	20-3065295	0.0000	333,296
King Rampart Dental Group, PC	47-4624729	0.0006	251,139
Kingwood Smiles Dentistry, PC	81-5249867	0.0004	115,874
Kitty Hawk Smiles Dentistry and Orthodontics, PC	45-4879929	0.0009	191,989
Knapke Blue Ash Modern Dentistry, PC, Inc.	87-3652670	0.0001	4,160
Knight Dental Corporation	26-0336730	0.0000	239,409
Knollwood Dentistry, PC	47-3390952	0.0005	82,785
Kramer and Nguyen Dental Corporation	81-3418097	0.0000	101,430
Kunal Sood Dental Corporation	46-4943007	0.0000	122,790
Kyle Boyce, D.D.S., Summit Modern Dentistry, P.C.	46-4296969	0.0008	233,398
Lady Lake Smiles Dentistry, PA	81-2569715	0.0007	84,120
Lake Barcroft Dental Group, PC	84-3320667	0.0004	45,281
Lake Conroe Dentistry, PC	46-2933105	0.0005	145,716
Lake Jackson Modern Dentistry, PC	47-4421075	0.0006	197,729
Lake Mary Modern Dentistry, PA	82-1004607	0.0005	72,554
Lake Oswego Modern Dentistry, PC	84-3879385	0.0003	7,630
Lake Worth Modern Dentistry, PA	84-4513630	0.0003	21,547
Lake Wylie Modern Dentistry, PC	84-2609285	0.0003	16,327

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Lakeland Modern Dentistry, PA	82-2837300	0.0007	56,848
Lakhani Dental Corporation	88-3045180	0.0000	0
Lambridis and Ghaffarzadegan Dental Corporation	56-2321616	0.0000	928,741
La-Pham Dental Corporation	82-1272607	0.0000	108,660
Latshikyan Dental Corporation	82-3247430	0.0000	67,736
Lau and Park Dental Corporation	81-1661753	0.0000	108,799
Lawrenceville Dentist Office, PC	81-1433084	0.0000	7,172
Le and Pham Dental Corporation	47-1581770	0.0000	266,563
League City Modern Dentistry and Orthodontics, PC	46-0702599	0.0006	448,797
League City Smiles Dentistry, PC	47-4424241	0.0011	312,412
Leander Modern Dentistry, PC	87-4359104	0.0001	8,328
Lee and Nosti Dental Corporation	26-2506956	0.0000	388,243
Lee and Woo Dental Corporation	52-2248400	0.0000	264,984
Lee Deer Springs Modern Dentistry, PC	46-1193475	0.0009	366,524
Lee Flamingo Smiles, PC	27-3147586	0.0006	240,476
Lee MLK Dental Group, PC	20-4714412	0.0010	472,335
Lee and Sambangi Dental Corporation	47-1867430	0.0000	430,913
Lee, Watanabe and Nosti Dental Corporation	20-1783485	0.0000	651,919
Leesburg Modern Dentistry, PC	88-3630033	0.0000	0
Legends Dental Group, P.A.	46-2888285	0.0008	542,202
Leng and Chokka Dental Corporation	33-0842158	0.0000	441,551
Leng Dental Corporation	20-2821478	0.0000	192,220
Leon Springs Modern Dentistry, PC	86-2857548	0.0005	43,187
Leong and Pandhoh Dental Corporation	84-2620661	0.0000	31,019
Lexington Modern Dentistry, PC	83-2282302	0.0001	11,628
Lie Charleston Smiles Dentistry, PC	83-2815724	0.0004	78,672
Ligon Maryland Parkway Smiles Dentistry, PC	84-2765335	0.0004	53,992
Lin Henderson Dental Group, PC	26-1771124	0.0008	405,584
Linda Bang Dental Corporation	20-0377582	0.0000	500,465
Little Elm Dentistry and Orthodontics, PC	82-5444713	0.0005	74,224
Loganville Dentist Office, PC	81-3194054	0.0006	187,294
Loomba Dental Corporation	26-2332942	0.0000	448,829
Lopez and Bautista Dental Corporation	46-1281187	0.0000	358,846
Lynda Watanabe Dental Corporation	20-4184405	0.0000	135,024
Macon Dentist Office, PC	81-1424364	0.0004	67,513
Magar and Sharifian Dental Corporation	45-2449446	0.0000	506,345
Magar and Smith Dental Corporation	82-5461270	0.0000	73,021
Makadia and Stout Dental Corporation	47-2207415	0.0000	40,304
Mannem and Ghazal Dental Corporation	20-3486404	0.0000	206,148

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Mannem Dental Corporation	47-5260114	0.0000	99,131
Manpreet Kaur Dental Corporation	32-0453073	0.0000	146,594
Mansfield Smiles and Orthodontics, PC	45-3204149	0.0003	143,165
Maple Grove Smiles Dentistry, PC	47-4442431	0.0003	60,577
Maral Khazali Dental Corporation	84-1928279	0.0000	37,543
Marketplace Dentistry, P.A.	82-4690890	0.0002	21,594
Martin Galstyan Dental Corporation	81-2921204	0.0000	38,284
Martinez MacDonald Ranch Modern Dentistry, PC	46-3544011	0.0006	223,060
Maryville Modern Dentistry, PC	83-1804774	0.0003	27,301
Masaki Durango Dental Group, PC	20-4714507	0.0007	338,677
Matthew Yip, D.D.S., Liberty Dental Group, P.C.	47-4982164	0.0012	315,338
Matthew Yip, D.D.S., Parkville Modern Dentistry, P.C.	46-2876552	0.0010	443,825
McDonough Dental Corporation	84-3032566	0.0000	19,072
McEvoy Sparks Modern Dentistry, PC	86-2649211	0.0005	31,432
McKinney Dental Group and Orthodontics, PC	26-2955359	0.0008	416,053
McMurray Dental Corporation	33-0819873	0.0000	618,402
Melanie Kim Dental Corporation	84-4495721	0.0000	44,353
Memorial Modern Dentistry, PC	81-3768203	0.0000	56,733
Mercer and Shakil Dental Corporation	26-1339230	0.0000	1,026,461
Meridian Smiles Dentistry, PC	46-1176304	0.0003	69,058
Mesquite Dental Group, PC	27-2462884	0.0008	242,880
Meyerland Modern Dentistry, PC	84-3897769	0.0006	81,053
Miami Shores Modern Dentistry, PA	81-1541400	0.0008	217,216
Michael Cho Dental Corporation	88-2211580	0.0000	0
Michael Ortega Dental Corporation	47-3755091	0.0000	46,001
Michael Wong Dental Corporation	85-2818720	0.0000	23,224
Milford Dentist Office, PC	83-2251257	0.0003	36,993
Min Dental Corporation	26-0363947	0.0000	375,013
Minh Pham and Steven Alvarado Dental Corporation	46-2598071	0.0000	173,642
Miramar Modern Dentistry, PA	87-1357015	0.0004	26,726
Mohini Patel Dental Corporation	20-1782084	0.0000	210,267
Mokbil and Gill Dental Corporation	82-2758183	0.0000	58,362
Mokbil Dental Corporation	82-1750776	0.0000	93,785
Morton Ranch Smiles Dentistry, PC	82-1371913	0.0010	208,505
Moshar Dental Corporation	81-1094092	0.0000	220,489
Mount Dora Modern Dentistry, PA	81-4466761	0.0006	104,370
Mount Vernon Modern Dentistry, PC	83-1872042	0.0004	63,885
Mt. Juliet Dental Group, PC	81-2951413	0.0002	28,373
Mugleston Henderson Modern Dentistry, PC	45-4612311	0.0019	554,172

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Murfreesboro Modern Dentistry, PC	82-2690574	0.0003	56,391
Murfreesboro Smiles Dentistry, PC	81-3683237	0.0005	109,056
Najafi Dental Corporation	33-0942247	0.0000	2,116,167
Nakaki and Lin Dental Corporation	26-1400094	0.0000	577,695
Nam Dang Dental Corporation	45-2570626	0.0000	124,924
Nam Dang, D.D.S., Inc.	20-1783377	0.0000	784,668
Naples Bay Dental Group, PA	87-2577386	0.0002	11,822
Naples Modern Dentistry, PA	83-3678982	0.0005	66,179
Naples Smiles Dentistry, PA	84-3351585	0.0004	53,909
Nappoly Dental Corporation	83-3773909	0.0000	69,592
Natalie Le Dental Corporation	47-4904331	0.0000	154,784
Navejas Carpio Dental Corporation	83-2865075	0.0000	43,791
Nazareno and Nosti Dental Corporation	81-3508923	0.0000	55,205
Network of Minnesota Dental Providers PC	47-1072124	0.0011	189,145
Network of Texas Dental Providers	46-2727726	0.0074	1,416,779
New Braunfels Modern Dentistry, PC	81-3446260	0.0012	216,185
Nguyen and Reagan Dental Corporation	20-2957890	0.0000	481,705
Nguyen and Watanabe Dental Corporation	52-2223524	0.0000	320,535
Nguyen Oakley Dental Group PC, Inc.	87-3245696	0.0002	36,769
Nicole Smith Dental Corporation	46-3558980	0.0000	168,626
Nona Dentists 3, PA	84-4492234	0.0002	19,142
Nona Dentists, PA	82-2090887	0.0013	208,398
Noor Rahimi Dental Corporation	27-4024006	0.0000	386,199
North Cypress Smiles Dentistry, PC	81-4587977	0.0003	63,684
North Decatur Dentistry, PC	81-4727774	0.0003	64,874
Northeast Dallas Dentistry, PC	83-2171338	0.0007	115,978
Northshore Smiles Dentistry, PC	82-4787461	0.0006	63,866
Northwood Modern Dentistry, PA	86-2155228	0.0002	10,346
Nosti and Reagan Dental Corporation	20-0917538	0.0000	753,722
NRH Modern Dentistry, PC	81-0799418	0.0001	29,752
NW Dentistry and Orthodontics, PC	46-2674401	0.0004	61,465
Oak Forest Dental Group and Orthodontics, PC	46-1163237	0.0011	381,405
Oak Ridge Smiles Dentistry, PC	82-5209001	0.0003	33,888
Oakland Park Modern Dentistry, PA	81-1418857	0.0006	144,348
Oaks Smiles Dental Group, PC	46-2927453	0.0000	22,274
Oates and Jefferson Dental Corporation	46-2769812	0.0000	378,474
O'Donnell Dental Corporation	20-1782295	0.0000	510,572
Oktanyan Dental Corporation	46-2950135	0.0000	259,532
Olathe Dental Group, P.A.	81-1347951	0.0008	158,424

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Olathe South Dentistry, P.A.	83-1221418	0.0006	79,962
Olathe West Dentistry, P.A.	84-2978977	0.0007	107,398
Olney Modern Dentistry, LLC	88-1383792	0.0000	466
Overland Park Modern Dentistry, P.A.	46-4091613	0.0003	125,960
Oviedo Smiles Dentistry, PA	82-4058604	0.0006	128,449
Oweis Union Village Modern Dentistry, PC	86-2941571	0.0007	51,102
Pacific Dental Services Foundation	45-5083789	0.0006	74,361
Pacific Dental Services LLC	33-0681491	0.4654	152,555,350
Pandhoh Dental Corporation	26-2283630	0.0000	200,053
Pangilinan and Gill Dental Corporation	46-3908217	0.0000	350,261
Park and Jackson Dental Corporation	20-2546329	0.0000	356,445
Park and Sambangi Dental Corporation	26-3278949	0.0000	289,658
Parmar Dentists of Eastgate PC, Inc.	84-3555048	0.0004	25,769
Parulekar Dental Group	26-4612750	0.0000	123,973
Pasadena Modern Dentistry, PC	84-2436918	0.0003	49,737
Patel and Gill Dental Corporation	47-2112168	0.0000	140,230
Patel and Habashi Dental Corporation	27-1521664	0.0000	132,226
Patel and Huss Dental Corporation	46-2185544	0.0000	118,160
Patel and Lee Dental Corporation	82-5392216	0.0000	65,458
Patolus Operations LLC	82-2064666	0.0000	248,381
PDS Colorado Network LLP	26-2807851	0.0318	11,084,348
PDS Idaho-Utah Dental Support LLC	87-4094561	0.0033	220,527
PDS New Mexico SoCO Dental Support, LLC	85-3821363	0.0053	349,760
PDS Northern Colorado Dental Support, LLC	26-2263705	0.0003	2,149,657
PDS South Colorado Network LLP	85-4077144	0.0003	471,983
Peachtree City Dental Group, PC	47-4587096	0.0005	180,691
Pearland Dentists, PC	47-1183487	0.0006	114,908
Pearland Modern Dentistry, PC	45-4857026	0.0025	737,357
Peggy Chu Dental Corporation	27-3155238	0.0000	512,042
Penaflorida Dental Corporation	20-3947899	0.0000	605,950
Peralta Reno Smiles Dentistry, PC	46-2690803	0.0003	71,711
Peralta Spanish Springs Modern Dentistry, PC	46-4871811	0.0007	384,767
Periodontics Health Group-SF PA	87-2369592	0.0003	19,925
Pessah Dental Corporation	84-2945981	0.0000	22,920
Pflugerville Modern Dentistry, PC	27-4974387	0.0007	181,783
Pham Paradise Smiles Dentistry, PC	81-1004194	0.0005	197,040
Phi Huynh and Bryan Watanabe Dental Corporation	46-2598272	0.0000	90,717
Pinecrest Dentistry, PA	81-4945838	0.0007	188,828
Pirastehfar and Habashi Dental Corporation	20-8899105	0.0000	287,831

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Plano Modern Dentistry, PC	27-3546212	0.0005	164,230
Plymouth Smiles Dentistry, PC	92-0878230	0.0000	0
Ponce Dental Group, PC	84-1741325	0.0002	9,501
Port Orange Modern Dentistry, PA	83-1670256	0.0002	19,169
Portland Modern Dentistry, PC	83-3750843	0.0005	55,256
Potranco Dentistry, PC	84-2382303	0.0004	45,929
Poulsen Dental Corporation	82-1987003	0.0000	120,738
Powdersville Smiles Dentistry, PC	84-2559037	0.0003	49,246
Prabhpreet Kaila Dental Corporation	47-4982361	0.0000	56,151
Pratik Makadia Dental Corporation	83-1265339	0.0000	38,442
Preston Modern Dentistry, PC	27-2206587	0.0004	93,244
Quinn Dentists of St. Rose, PC	84-2583004	0.0008	69,734
Quinn Stephanie Dental Group, PC	20-8863082	0.0010	187,178
Qurban Dental Corporation	82-2686779	0.0000	71,151
Rayford Modern Dentistry, PC	47-4904684	0.0015	394,333
Reagan and Pandhoh Dental Corporation	20-5181742	0.0000	624,911
Reagan Dental Corporation	33-0863140	0.0000	2,496,834
Reagan Dental Corporation	33-0853035	0.0000	0
Reagan Dental Corporation	33-0853035	0.0000	0
Red Bank Smiles Dentistry, PC	83-2488621	0.0005	62,274
Redstone Modern Dentistry, PC	84-2567230	0.0004	52,149
Rho Dental Corporation	20-1124068	0.0000	636,949
Richard E Scipione, D.D.S., Metairie Modern Dentistry, a Professiona	81-3613094	0.0010	145,148
Richfield Dentistry, P.C.	46-4625566	0.0012	249,033
Ricky V. Tran Dental Corporation	47-2117362	0.0000	350,189
Rigor Dental Corporation	84-4638154	0.0000	24,992
Ritesh Kumar Dental Corporation	26-3710603	0.0000	407,685
Ritesh Kumar, D.D.S., Inc.	20-5528026	0.0000	832,423
Rittu Gill Dental Corporation	20-3364896	0.0000	815,428
Rittu Gill, D.D.S., Inc.	86-3294126	0.0000	4,557
Roanoke Dental Group, PC	81-1095381	0.0005	78,859
Rock Hill Modern Dentistry, PC	84-3634763	0.0006	30,585
Rockwall Modern Dentistry and Orthodontics, PC	45-4878028	0.0010	375,530
Rogers and Reagan Dental Corporation	48-1262852	0.0000	791,130
Roswell Smiles Dentistry, PC	47-4514037	0.0000	10,284
Round Rock Dentists, PC	46-1507072	0.0009	214,741
Round Rock Modern Dentistry, P.C.	47-2231902	0.0007	98,066
S. Alvarado and M. Pham Dental Corporation	47-1382393	0.0000	61,983
Safarkoolan Dental Corporation	20-4959933	0.0000	129,653

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Salazar Centennial Modern Dentistry, PC	81-3137438	0.0005	129,618
Salvador Melara Dental Corporation	47-3476238	0.0000	128,552
Sanaz Khaleghi Dental Corporation	26-3444469	0.0000	695,916
Sandy Plains Dental Group, PC	84-3944496	0.0001	10,304
Schmidt and Jefferson Dental Corporation	83-1958865	0.0000	96,468
Scott and Kansagra Dental Corporation	83-2734715	0.0000	41,907
Sediq and Hanna Dental Corporation	83-3771829	0.0000	35,213
Sergio Vicuna, D.D.S., Inc.	81-2942672	0.0000	127,158
Setareh Dental Corporation	56-2323856	0.0000	480,848
Seung Lee Dental Corporation	37-1762461	0.0000	36,026
Shah and Huynh Dental Corporation	83-1689751	0.0000	84,489
Shah and Jefferson Dental Corporation	46-0806818	0.0000	115,533
Shahab Ariannejad Dental Corporation	87-1177897	0.0000	0
Shahrestani Canyon Pointe Dental Group, PC	26-0160921	0.0004	215,853
Shahrestani Shadow Mountain Smiles Dentistry, PC	83-3358691	0.0005	50,262
Shahrestani Sparks Marina Dentistry, PC	47-3817118	0.0005	113,313
Shahrestani Northwest Reno Smiles Dental Group, PC	46-4394010	0.0007	183,212
Sharifian Dental Corporation	52-2239042	0.0000	911,694
Shawn Lee and Manoranjani Sambangi Dental Corporation	81-1087652	0.0000	134,153
Shawnee Dental Group, PA	47-3363479	0.0004	68,214
Shenandoah Smiles Dentistry, PC	47-3083515	0.0005	154,897
Sherwood Modern Dentistry PC	47-2296666	0.0000	27,619
Shetty Dental Corporation	26-1859246	0.0000	374,008
Shrewsbury Dentistry, PC	82-4670442	0.0006	74,777
Sicat Diamond Dental Group, PC	26-1748512	0.0005	221,384
Sienna Missouri City Modern Dentistry, PC	45-2092903	0.0008	376,788
Simonian Dental Corporation	20-3355894	0.0000	481,147
Simran Kaur Dental Corporation	88-2296177	0.0000	0
Singh and Patel Dental Corporation	46-3831031	0.0000	133,253
Smith and Sharifian Dental Corporation	46-5271971	0.0000	221,345
Smyrna Dentist Office, PC	81-4891077	0.0002	104,728
Smyrna Modern Dentistry, PC	47-4812623	0.0005	144,135
Snellville Smiles Dentistry, PC	47-1495759	0.0003	117,823
SoDo Smiles Dentistry, PA	83-2235553	0.0005	123,271
Sohal and Pham Dental Corporation	81-5196711	0.0000	109,206
Solaiman Tehrani and Galstyan Dental Corporation	20-4624633	0.0000	381,828
Sonal Singh Dental Corporation	45-5630145	0.0000	183,506
Sonal Singh, D.D.S., Inc.	20-8884079	0.0000	399,915
Sood and Fareid Dental Corporation	47-2272237	0.0000	82,956

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Soojin Lee Dental Corporation	26-0407228	0.0000	230,494
South Kendall Dentistry, PA	84-3871349	0.0005	52,682
South Riding Modern Dentistry, PC	83-2987134	0.0002	8,719
SPM Dental Group and Orthodontics, PC	46-2882313	0.0005	134,970
Spring Cypress Modern Dentistry, PC	45-4891747	0.0006	289,065
Spring Hill Modern Dentistry, PC	83-1217279	0.0003	148,568
Spring Klein Dentistry, PC	81-5485515	0.0010	179,327
Springfield Dental Group, PC	82-3052058	0.0005	74,361
Steven Wu Dental Corporation	84-3032642	0.0000	20,002
Stone Oak Modern Dentistry, PC	27-3546865	0.0011	380,501
Stromberg Dental Corporation	33-0843444	0.0000	432,088
Sudhakar R. Chokka, D.D.S., Inc.	03-0477150	0.0000	680,805
Sugar Land Dental Group, PC	45-3564810	0.0009	244,362
Sugar Land Modern Dentistry, PC	27-3945804	0.0013	643,855
Sumeet Pandhoh Dental Corporation	84-4798962	0.0000	956
Summerville Smiles Dental Office, PC	86-3127155	0.0002	4,137
Summerwood Smiles Dentistry, PC	47-1778274	0.0005	151,563
Swati Shetty Dental Corporation	82-4652638	0.0000	121,119
Sylvan Park Smiles Dentistry, PC	84-3095189	0.0004	35,705
Szutz Dental Corporation	46-3575885	0.0000	194,150
Taherian and Sharifian Dental Corporation	33-0942223	0.0000	323,781
Taherian Dental Corporation	52-2211052	0.0000	534,387
Tan Green Valley Modern Dentistry, PC	47-5009169	0.0012	420,356
Tang Dentists of West Henderson, PC	88-1145114	0.0000	0
Tang Sahara Modern Dentistry, PC	86-1484470	0.0004	31,604
Taraporewalla Dental Corporation	88-2249842	0.0000	0
Terri Nguyen Dental Corporation	20-0286568	0.0000	937,988
The Dental Office of McKinney, PC	88-2044336	0.0000	414
The Dental Office of Reston, PC	86-2971494	0.0000	1,987
The Heights Modern Dentistry, PC	45-4892002	0.0006	304,808
The Woodlands Modern Dentistry and Orthodontics, PC	45-2492724	0.0000	296,186
Tigard Modern Dentistry and Orthodontics, PC	47-5159856	0.0006	142,860
Tigard Triangle Smiles, PC	45-5401206	0.0006	123,512
Timothy Bennett Dental Corporation	20-4185758	0.0000	379,036
Tiny Town Smiles Dentistry, PC	82-3003093	0.0006	105,615
Tomball Smiles Dentistry, PC	47-2822599	0.0003	110,644
Ton and Dhama Dental Corporation	26-1414225	0.0000	269,814
Toop Parkway Modern Dentistry, PC	82-5284738	0.0002	77,004
Toop Rocksprings Dental Group, PC	20-5338830	0.0005	237,480

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(1) Name of Employer	(2) EIN	(3) Percentage of Total Contributions	(4) Aggregate Account Balances at End of Year
Torres Craig Ranch Dental Group, PC	82-2081293	0.0006	192,910
Trails Dental Group and Orthodontics, PC	46-1730637	0.0005	135,990
Tran and Lee Dental Corporation	86-1910868	0.0000	10,053
Tran and Nosti Dental Corporation	45-5328801	0.0000	350,235
Trevor J. Thomas, D.D.S., Inc.	83-4160536	0.0000	20,528
Trevor Thomas Dental Corporation	83-4245295	0.0000	97,865
Trinity Park Dentistry, PC	88-1167347	0.0001	4,702
Tualatin Modern Dentistry, PC	46-1936813	0.0005	180,841
Tully and Mokbil Dental Corporation	87-1946556	0.0000	250
Tysons Modern Dentistry, PC	88-0779969	0.0000	0
Usha Mantena Dental Corporation	81-1588527	0.0000	144,928
Vala Dental Corporation	20-2852563	0.0000	396,087
Vanson Dental Corporation	82-1748250	0.0000	188,922
Velayo Green Valley Smiles Dentistry, PC	47-5334172	0.0009	264,169
Victoria D. Nguyen, D.D.S., Inc.	83-2233989	0.0000	80,676
Victoria Nguyen Le Dental Corporation	84-2249108	0.0000	18,691
Vicuna and Lambridis Dental Corporation	46-2774443	0.0000	183,452
Vicuna and Mak Dental Corporation	46-3785551	0.0000	327,543
Viera Modern Dentistry, PA	82-2112086	0.0006	137,818
Village Dentistry, P.A.	82-4845715	0.0007	115,100
Village Modern Dentistry, PA	82-2989436	0.0000	12,341
Village Smiles and Orthodontics, PC	26-2956008	0.0004	203,708
Village West Dentistry, P.A.	83-3264188	0.0003	43,772
Vincent Tu Dental Corporation	20-5672837	0.0000	161,665
Vukotic and Oates Dental Corporation	81-3804695	0.0000	86,382
Wadhwa Dental Corporation	26-4612750	0.0000	105,254
Walker and Watanabe Dental Corporation	52-2228282	0.0000	877,261
Walter Jefferson Dental Corporation	61-1933806	0.0000	30,705
Walter Jefferson, D.D.S., Inc.	81-4407998	0.0000	76,507
Waltham Modern Dentistry, PC	83-2817989	0.0006	58,670
Washington Dental Corporation, PC	46-3111392	0.0314	6,950,426
Watanabe and Espeleta Professional Dental Corporation	20-2643349	0.0000	744,432
Watanabe and Lynn Dental Corporation	20-3463636	0.0000	634,627
Watanabe and Lynn Professional Dental Corporation	20-5672922	0.0000	286,258
Watanabe and Tran Dental Corporation	88-3150460	0.0000	1,793,630
Watanabe and Vu Dental Corporation	33-0863139	0.0000	0
Watanabe and Vu Dental Corporation	33-0853036	0.0000	0
Watanabe and Won Dental Corporation	20-3397598	0.0000	1,096,622
Watanabe Shadow Mountain Dental Group, PC	20-8862814	0.0010	629,324

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Watanabe Town Center Dental Group, PC	20-5339044	0.0017	589,198
Waxahachie Modern Dentistry, PC	84-3262018	0.0003	22,044
Wesley Chapel Smiles Dentistry, PA	83-2833939	0.0003	40,550
West Cobb Dentist Office, PC	81-5210441	0.0006	158,983
West Lawrence Dentistry, P.A.	83-2250535	0.0008	173,061
West Nashville Smiles Dentistry, PC	88-2472283	0.0000	0
West Pines Modern Dentistry, PA	82-1089818	0.0002	76,841
West Plano Modern Dentistry and Orthodontics, PC	27-4593376	0.0006	503,886
West Sunrise Dentistry, PA	47-4698313	0.0004	92,972
Westborough Modern Dentistry, PC	83-2818229	0.0000	1,197
Weston Modern Dentistry, PA	81-3787267	0.0004	82,996
Westpointe Modern Dentistry, PC	27-3945392	0.0004	118,834
Westside Modern Dentistry, PC	84-3898051	0.0003	20,576
White Bear Dentists, P.C.	81-1719751	0.0009	250,934
Wildwood Dentists, PA	81-0966671	0.0009	148,138
Wilsonville Smiles, PC	45-4722517	0.0004	196,556
Windermere Dental Group, PC	47-4553474	0.0000	18,556
Winter Haven Modern Dentistry, PA	84-3753098	0.0003	17,417
Wolf Ranch Dental Group, PC	82-2047903	0.0011	164,586
Woodbridge Dental Group and Orthodontics, PC	27-1374795	0.0004	170,846
Woodbury Smiles Dentistry, P.C.	47-2728749	0.0010	238,080
Woodruff Smiles Dentistry, PC	84-2650580	0.0002	22,129
Woods Dental Group and Orthodontics, PC	46-0692917	0.0015	466,062
Woodstock Dentistry, PC	82-1437049	0.0006	111,673
Workings and Lambridis Dental Corporation	20-5023743	0.0000	138,338
Wu and Najafi Dental Corporation	84-3037048	0.0000	52,189
Yanga Mountain Dental Group, PC	26-2260433	0.0013	375,607
Yasmin Easley Dental Corporation	26-3363237	0.0000	209,475
Yeam El Dorado Modern Dentistry, PC	87-3750299	0.0002	10,978
Yeaton and Mar Dental Corporation	83-4375993	0.0000	37,377
Yen and Dimitri Dental Corporation	82-1998005	0.0000	172,849
Yige Zhao Dental Corporation	84-2906789	0.0000	63,509
Yip Horizon Ridge Modern Dentistry, PC	84-4827557	0.0006	55,766
Yun Hwan Oh Dental Corporation	83-4398389	0.0000	57,419
Zaklama and Galstyan Dental Corporation	46-2733797	0.0000	81,434
Zaklama Dental Corporation	33-0958377	0.0000	135,464

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

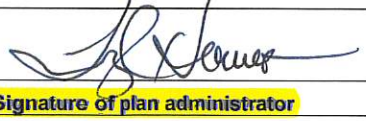
2b Employer Identification Number (EIN) 33-0681491

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		10/12/23	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**	15,815
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)**	11,244
a(2) Total number of active participants at the end of the plan year	**6a(2)**	12,260
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4,635
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	16,895
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f Total. Add lines **6d** and **6e**.	**6f**	16,900
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	16,572
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4,308
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 2X 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] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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, 2022
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)	$ 792	$ -	$ 792	$ -	$ -
(2)	77,575	-	77,575	-	-
(3)	106,760	106,760	-	-	-
	$ 185,127	$ 106,760	$ 78,367	$ -	$ -

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

(1) The above 2021 contributions were transferred late during the 2021 Plan year. Lost earnings were restored during 2022.

(2) The above 2022 contributions were transferred late during the 2022 Plan year. Lost earnings were restored during 2022.

(3) The above 2022 contributions were transferred late during the 2022 Plan year. Contributions and lost earnings will be corrected during 2023.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2022
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001

Identity of Issuer	Description of Investment	Current Value
* Fidelity Stif	Interest-Bearing Cash	$ 448,256
Vang Vmmr-Fed Mmkt	Interest-Bearing Cash	1,606,975
		2,055,231
Vang Target Ret 2055	Mutual Fund	47,454,041
Vang Target Ret 2065	Mutual Fund	5,031,441
Harbor Cap App Ret	Mutual Fund	1,589,716
Blkrk Hlth Sci Opp K	Mutual Fund	1,494,191
Vang Target Ret 2020	Mutual Fund	2,433,786
Vang Target Ret 2030	Mutual Fund	23,833,430
Vang Target Ret 2040	Mutual Fund	39,906,741
Vang Target Ret 2050	Mutual Fund	59,660,925
Vang Target Ret Inc	Mutual Fund	1,564,732
Vang Target Ret 2025	Mutual Fund	10,417,708
Vang Target Ret 2035	Mutual Fund	30,196,416
Vang Target Ret 2045	Mutual Fund	58,063,581
MFS Mid Cap Value R6	Mutual Fund	391,529
Metwest Tot Rtn Bd P	Mutual Fund	167,211
AF New World R6	Mutual Fund	225,735
Victory S Sm Co Op I	Mutual Fund	173,726
Blkrk Infl Pro Bd K	Mutual Fund	246,337
Vang Target Ret 2060	Mutual Fund	20,145,402
* Fidelity US Bond Idx	Mutual Fund	587,275
* Fidelity 500 Index	Mutual Fund	11,267,506
* Fidelity Mid Cap Idx	Mutual Fund	1,061,917
* Fidelity Real Estate Idx	Mutual Fund	261,912
* Fidelity Sm Cap Idx	Mutual Fund	964,345
* Fidelity Intl Index	Mutual Fund	1,182,980
		318,322,583

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, 2022
EMPLOYER I.D. 33-0681491
PLAN NUMBER 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
Ab US Sm Cap Grth S	Collective Investment Trust	16,457
Ivy Mid Cap Growth C	Collective Investment Trust	148,173
Wt Trp Stable Val S	Collective Investment Trust	2,846,446
Putn Lg Cp Val Tr Ia	Collective Investment Trust	1,837,758
Cb Intl Growth S1	Collective Investment Trust	113,112
		4,961,946
* Fidelity Self-Directed Brokeragelink Accounts	Interest-bearing cash, Common Stock, and Registered Investment Companies	401,288
* Blended Guaranteed Account	Guaranteed Interest Contract	15,379,648
* Notes receivable from participants	4.25% - 8.00%	8,724,452
		$ 349,845,148

* Indicates party-in-interest