

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PACIFIC DENTAL SERVICES, LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PACIFIC DENTAL SERVICES, LLC 17000 RED HILL AVENUE IRVINE, CA 92614	2b Employer Identification Number (EIN) 33-0681491
		2c Plan Sponsor's telephone number 714-845-8500
		2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2024	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 ☒ 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 16900
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 12260 6a(2) 13344 6b 0 6c 5220 6d 18564 6e 5 6f 18569 6g(1) 16572 6g(2) 18226 6h 3208
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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.
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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	498	01/01/2023	12/31/2023

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** 12045346**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST ACCOUNT****b** Balance at the end of the previous year **7b** 15379648**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 212108
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 212108**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 15591756**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1832783(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 1573810(4) Other (specify below) **7e(4)** 139817▶ **FORFEITURES, LOAN ISSUES**(5) Total deductions **7e(5)** 3546410**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 12045346

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64 65 71	RECORDKEEPER	933823	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ 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?
17 49 50	TPA	300000	Yes ☐ No ☒	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	73759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	25250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIMENSIONAL GLOBAL EQUITY PORT 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02 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.	
AMERICAN NEW PERSPECTIVE 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15 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.	
SGI PRUDENT GROWTH FUND 620 S MAIN ST BOUNTIFUL, UT 84010	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
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 I FAITH INVESTOR SERVICES LLC DALLAS, TX 75254	0.10 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
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(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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>PACIFIC DENTAL SERVICES, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PACIFIC DENTAL SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>33-0681491</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM LARGE CAP VALUE CIT</u>				
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY LLC</u>				
c EIN-PN <u>82-3639536-275</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2402284</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US SMALL CAP GROWTH CIT</u>				
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN LP</u>				
c EIN-PN <u>04-6948485-057</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26827</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IVY MID CAP GROWTH CIT</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-063</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>246529</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CB INTERNATIONAL GROWTH CIT</u>				
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, NA</u>				
c EIN-PN <u>82-3125078-346</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>207265</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GG TRP STABLE VALUE CIT</u>				
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, NA</u>				
c EIN-PN <u>86-1182766-655</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2074396</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT INC</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083968-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1240968</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT 2020</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083983-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2213126</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083981-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10653324
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083979-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26585782
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083977-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36224532
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083975-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48431385
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083973-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72369191
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77582656
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 27-6715074-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65003252
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33658780
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2065		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6190443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10739147
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2070		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-7035538-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211166

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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
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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)	0	0
(2) Participant contributions	1b(2)	1198369	1350081
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2263895	2151467
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	12528
(B) All other	1c(3)(B)	0	3595
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	166685	557735
(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)	8724452	11340464
(9) Value of interest in common/collective trusts	1c(9)	4961946	389870610
(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)	318348522	38190271
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	15379648	12045346
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	351043517	455522097
Liabilities			
g Benefit claims payable	1g	18241	54099
h Operating payables	1h	9	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	1705	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19955	54099
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	351023562	455467998

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)	10501940	
(B) Participants	2a(1)(B)	63102279	
(C) Others (including rollovers)	2a(1)(C)	4339094	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		77943313
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132195	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	116	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	610947	
(F) Other	2b(1)(F)	70	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		743328
(2) Dividends: (A) Preferred stock	2b(2)(A)	516	
(B) Common stock	2b(2)(B)	5316	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	586924	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		592756
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	580720	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	614896	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-34176
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	117263	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		38541201
(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)		26475306
c Other income	2c		272784
d Total income. Add all income amounts in column (b) and enter total	2d		144651775

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38729400	
(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)		38729400
f Corrective distributions (see instructions)	2f		59058
g Certain deemed distributions of participant loans (see instructions)	2g		86049
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	300000	
(3) Recordkeeping fees.....	2i(3)	933823	
(4) IQPA audit fees.....	2i(4)	25250	
(5) Investment advisory and investment management fees	2i(5)	73759	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1332832
j Total expenses. Add all expense amounts in column (b) and enter total	2j		40207339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		104444436
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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) ☒ 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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	☒	☐	125330
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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
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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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703007A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PACIFIC DENTAL SERVICES, LLC 401(K) PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PACIFIC DENTAL SERVICES, LLC	D Administrator's EIN 33-0681491	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) CLOSED MEP (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer ABDELKARIM MEDICAL CORPORATION	2b EIN 83-2218377	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 8070
2a Name of Participating Employer ABDESHAHIAN AND NGUYEN DENTAL CORPORATION	2b EIN 84-1898004	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 70926

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABRAMS AND LEE DENTAL CORPORATION	83-1669265	0.00	77689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACWORTH SMILES DENTISTRY, PC	47-1167767	0.03	116524
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADAM BATTAGLIA, D.M.D., WATER TOWER DENTAL GROUP, P.C.	46-4769142	0.09	463065
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AHMAD MOKBIL DENTAL CORPORATION	45-5077754	0.00	263732
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIKEN AND HUSS DENTAL CORPORATION	20-3355339	0.00	363234
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX R SHARIFIAN DDS, NEW MARK MODERN DENTISTRY, PC	86-3895636	0.02	16933
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX R SHARIFIAN DDS, WARD PARKWAY DENTISTRY, PC	88-2789005	0.00	3843
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX R. SHARIFIAN, D.D.S., BLUE SPRINGS DENTISTRY, P.C.	46-5555903	0.06	445534
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX R. SHARIFIAN, D.D.S., DENTISTS OF INDEPENDENCE, PC	84-2246488	0.04	85240

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX R. SHARIFIAN, D.D.S., DENTISTS OF ST. PETERS, PC	84-3015293	0.05	69285
ALEX R. SHARIFIAN, D.D.S., INC.	04-3665603	0.00	617483
ALEX R. SHARIFIAN, D.D.S., WHITE OAK DENTAL GROUP, P.C.	82-1798585	0.03	104762
ALEX SHARIFIAN DDS NETWORK OF MIDWEST DENTAL PROVIDERS PC	47-3608603	0.22	576068
ALEX SHARIFIAN, D.D.S., CREVE COEUR DENTISTRY, P.C.	47-2820065	0.08	235949
ALEX SHARIFIAN, D.D.S., FRANCIS PARK DENTISTRY, P.C.	46-3543392	0.03	84890
ALEX SHARIFIAN, D.D.S., LINDENWOOD DENTISTRY, P.C.	81-2845588	0.03	122693
ALEX SHARIFIAN, D.D.S., MEHLVILLE MODERN DENTISTRY, P.C.	46-3074312	0.04	157983
ALEX SHARIFIAN, D.D.S., ROCK HILL DENTISTRY, P.C.	82-1111316	0.03	48309

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEXANDER TRAN DENTAL CORPORATION	82-5286485	0.00	124233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALI JADALI-ARAGHI, D.M.D., INC.	87-0690293	0.00	224081
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALI SHAHRESTANI, D.M.D., PLLC	86-3952535	0.09	140475
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTAMONTE SPRINGS DENTAL GROUP, PA	93-1709751	0.00	911
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALUBAIDI DENTAL CORPORATION	45-1148679	0.00	303853
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALVARADO AND PHAM DENTAL CORPORATION	46-3930210	0.00	218332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMARDEEP GILL AND REYMOND BAUTISTA DENTAL CORPORATION	82-3053885	0.00	50514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMARDEEP GILL DENTAL CORPORATION	27-1713054	0.00	953380
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMEZCUA DENTAL CORPORATION	20-4515941	0.00	268115

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANGHEL RANCH PLAZA DENTAL GROUP, PC	20-8899851	0.02	187756
ANTIOCH DENTISTRY, P.A.	47-0968882	0.09	286318
ANTONO TEANG DENTAL CORPORATION	47-5333463	0.00	120842
APOLLO BEACH MODERN DENTISTRY, PA	87-3215474	0.06	66728
APPLE VALLEY MODERN DENTISTRY, PC	93-2167104	0.00	2025
ARBORS MODERN DENTISTRY, PC	45-3694561	0.00	65600
ARIANNEJAD AND PHAM DENTAL CORPORATION	81-3953595	0.00	222862
ARIANNEJAD DENTAL CORPORATION	61-1683164	0.00	350856
ARIELLA PESSAH DENTAL CORPORATION	47-4917892	0.00	267118

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARLINGTON MODERN DENTISTRY, PC	87-3434440	0.04	56206
ARSENAL MODERN DENTISTRY, PC	93-1574518	0.00	4170
ASPEN HILL MODERN DENTISTRY, LLC	88-1755969	0.02	12966
ATASCOCITA MODERN DENTISTRY AND ORTHODONTICS, PC	45-4857304	0.22	1166404
AUSTELL SMILES DENTISTRY, PC	47-2300267	0.07	303389
AUSTIN MODERN DENTISTRY, PC	27-3921025	0.06	166102
AWAD DENTAL CORPORATION	47-3647973	0.00	249726
AZ REGIONAL DENTAL SERVICES LLC	27-0260005	5.12	24787842
BABAK ARIANNEJAD DENTAL CORPORATION	47-3647011	0.00	254755

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BACH NGUYEN DENTAL CORPORATION	27-3780007	0.00	660574
BACH XUAN NGUYEN DENTAL CORPORATION	46-3718652	0.00	363141
BANDERA MODERN DENTISTRY, PC	45-4864532	0.11	533902
BASTROP MODERN DENTISTRY, PC	81-3753047	0.05	138674
BAUTISTA AND GILL DENTAL CORPORATION	26-3362928	0.00	287708
BAYTOWN MODERN DENTISTRY, PC	81-1718687	0.03	126650
BEE COUNTRY MODERN DENTISTRY AND ORTHODONTICS, PC	46-2403883	0.05	182570
BERRY HILL DENTAL GROUP, PC	86-1498111	0.05	75818
BHATIA AND SAMBANGI DENTAL CORPORATION	46-2695379	0.00	360164

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BHATIA AND SHETTY DENTAL CORPORATION	45-2957650	0.00	700612
BLACK AND TO DENTAL CORPORATION	45-4958578	0.00	193578
BLAINE DENTISTRY, PC	47-2006348	0.08	202056
BLOOMINGTON SMILES DENTISTRY, PC	81-0979668	0.06	527965
BLUHAWK DENTAL GROUP, P.A.	81-4846630	0.08	277683
BOCASH AND NOSTI DENTAL CORPORATION	27-0837949	0.00	165526
BOCASH AND SHARIFIAN DENTAL CORPORATION	20-0571325	0.00	111952
BOYNTON BEACH MODERN DENTISTRY, PA	83-4320921	0.02	48309
BRANDON MODERN DENTISTRY, PA	84-2176393	0.02	59918

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIAN NGUYEN DENTAL CORPORATION	87-4802567	0.00	0
BRIAN WATANABE, DDS MANCHESTER DENTAL GROUP, PC	47-3644836	0.00	89149
BRIARGROVE SMILES DENTISTRY, PC	46-3786113	0.06	323904
BRINGHURST RAINSPRINGS DENTAL GROUP, PC	20-5337268	0.07	264297
BRISTOW FOUNTAIN DENTISTRY, PC	83-4676111	0.01	35105
BROOKRIDGE DENTISTRY, P.A.	83-0744478	0.05	89264
BROWN SPRING VALLEY MODERN DENTISTRY, PC	87-4020583	0.04	52442
BRYAN MODERN DENTISTRY, PC	47-1896219	0.09	221812
BRYAN WATANABE, D.D.S., LADUE DENTAL GROUP, P.C.	47-3141747	0.02	144586

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRYANT VEST DENTAL CORPORATION	20-4320765	0.00	756411
BUEHLER AND REAGAN DENTAL CORPORATION	06-1641372	0.00	202330
BUKI AJAYI DENTAL CORPORATION	20-3463405	0.00	353831
BULVERDE DENTISTRY, PC	81-5320085	0.10	285461
BURLESON MODERN DENTISTRY, PC	27-3119419	0.12	566395
BURLINGTON DENTIST OFFICE, PC	83-3256891	0.02	41518
BUSH GREEN VALLEY MODERN DENTISTRY, PC	47-5009169	0.08	566322
CABANAS AND LEE DENTAL CORPORATION	26-1367048	0.00	314115
CALICDAN AND GILL DENTAL CORPORATION	83-3630652	0.00	62281

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMACHO AND ZAKLAMA DENTAL CORPORATION	86-3234679	0.00	4178
CANTON MODERN DENTISTRY, PC	88-2130158	0.02	23725
CANTON SMILES DENTISTRY, PC	46-3459178	0.05	354009
CAROLYN GHAZAL AND JOHN NOSTI DENTAL CORPORATION	26-4309611	0.00	469017
CAROLYN GHAZAL AND MINH PHAM DENTAL CORPORATION	26-3668145	0.00	626027
CARROLLTON MODERN DENTISTRY, PC	27-2717368	0.02	131739
CARTER SPRINGDALE MODERN DENTISTRY, PC, INC.	83-4053462	0.04	51260
CARTERSVILLE DENTIST OFFICE, PC	81-4390471	0.04	342107
CASTLE HILLS SMILES DENTISTRY, PC	47-3351185	0.00	5971

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEDAR HILL MODERN DENTISTRY, PC	27-4593084	0.09	197189
CEDAR HILLS MODERN DENTISTRY, PC	82-2973210	0.08	184785
CEDAR PARK MODERN DENTISTRY, PC	27-2952453	0.09	572021
CHAMPIONS MODERN DENTISTRY, PC	46-3735422	0.07	172904
CHAMPLIN DENTISTRY, P.C.	47-5351948	0.05	227072
CHANHASSEN SMILES DENTISTRY, P.C.	47-4701375	0.00	58700
CHANTILLY MODERN DENTISTRY, PC	82-5266973	0.04	125918
CHAPIN SMILES DENTISTRY, PC	83-3120460	0.06	108951
CHASKA COMMONS DENTAL GROUP, PC	46-5692444	0.08	413093

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHASTAIN PARK DENTISTRY, PC	81-1487408	0.03	66781
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHELMSFORD MODERN DENTISTRY, PC	86-3653854	0.02	38882
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHERYL TRAN DENTAL CORPORATION	27-3506491	0.00	272757
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHEUNG DENTAL CORPORATION	33-0979403	0.00	377374
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHOKKA AND GHAZAL DENTAL CORPORATION	26-3869028	0.00	370764
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTINA KIM DENTAL CORPORATION	88-2184752	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTINE WALTERS, DDS JUBAN CROSSING MODERN DENTISTRY, A PC	47-5186973	0.06	264352
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTOPHER DRAKE, D.D.S., MY KID'S DENTIST AND ORTHODONTICS, PC	83-2714098	0.04	154268
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHU AND WATANABE DENTAL CORPORATION	20-4185434	0.00	284867

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHUNG AND NOSTI DENTAL CORPORATION	26-1197746	0.00	593406
CLACKAMAS SQUARE DENTAL GROUP, PC	46-3975863	0.00	824
CLARKSVILLE MODERN DENTISTRY, PC	81-4600272	0.07	259155
CLEAR LAKE MODERN DENTISTRY, PC	45-3080175	0.06	341331
CLEMENT RAINBOW MODERN DENTISTRY, PC	92-1928349	0.01	10235
CLEMSON MODERN DENTISTRY, PC	86-3270868	0.04	50828
CLERMONT MODERN DENTISTRY, PA	87-3230141	0.04	70821
CLERMONT SMILES DENTISTRY, PA	81-3799409	0.04	151389
CLINT WALKER DENTAL CORPORATION	82-5209752	0.00	93846

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLINTON PARK DENTAL CORPORATION	26-4060984	0.00	156770
CLINTON PARK, D.D.S., INC.	20-3642955	0.00	551482
COLLEGE STATION MODERN DENTISTRY, PC	47-1879889	0.10	441464
COLUMBIA HEIGHTS DENTISTRY, PC	81-0963850	0.06	123164
CONLON DENTAL CORPORATION	83-3104783	0.00	39057
CONYERS SMILES DENTISTRY, PC	47-1978610	0.08	256113
COOL SPRINGS MODERN DENTISTRY, PC	83-2990701	0.05	88872
COON RAPIDS MODERN DENTISTRY, PC	92-1587945	0.02	15432
COPPELL MODERN DENTISTRY, PC	27-3920723	0.04	425828

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPPERFIELD MODERN DENTISTRY AND ORTHODONTICS PC	46-1422951	0.00	44174
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORAL SPRINGS MODERN DENTISTRY, PA	82-1929367	0.04	99696
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COTTAGE GROVE SMILES DENTISTRY, PC	93-2241627	0.01	7893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRABAPPLE SMILES DENTAL GROUP, PC	46-5340125	0.05	105213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROSS ROADS SMILES DENTISTRY, PC	81-3650744	0.07	184227
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CULEBRA SMILES AND ORTHODONTICS, PC	45-3932314	0.08	626634
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUMMING SMILES DENTISTRY, PC	81-3954751	0.00	15414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYPRESS CROSSROADS DENTAL GROUP, PC	47-2352810	0.02	89315
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYPRESS DENTAL GROUP AND ORTHODONTICS, PC	45-4891598	0.05	168787

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYPRESS SPRINGS DENTISTRY, PC	47-1193430	0.06	220098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANG AND GILL DENTAL CORPORATION	82-2596314	0.00	48027
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANIELS MODERN DENTISTRY, PA	83-0541772	0.07	192561
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DARREN DO DENTAL CORPORATION	20-1178061	0.00	343059
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DART AND SHARIFIAN DENTAL CORPORATION	20-1868335	0.00	537354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVENPORT MODERN DENTISTRY, PA	84-3251943	0.13	474716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID KIM DENTAL CORPORATION	47-5350235	0.00	62969
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVIE MODERN DENTISTRY, PA	81-1451906	0.05	124030
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVIS AND DO-YABUT DENTAL CORPORATION	81-2402594	0.00	324065

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DE ZAVALA MODERN DENTISTRY, PC	84-2648317	0.04	106249
DEEPIKA DHAMA DENTAL CORPORATION	20-3355698	0.00	1002791
DEERFIELD MODERN DENTISTRY, PA	85-0544449	0.03	49692
DENTAL CORPORATION OF JASON LEE	90-0359077	0.00	222175
DENTAL CORPORATION OF KARIM ZAKLAMA, D.D.S.	20-2821736	0.00	536179
DENTAL CORPORATION OF RITESH KUMAR	45-3010276	0.00	93903
DENTAL CORPORATION OF RITTU GILL, D.D.S.	77-0595456	0.00	241059
DENTAL CORPORATION OF SANAZ KHALEGHI	83-1571205	0.00	53481
DENTAL OFFICE OF PROSPER, PC	82-2444735	0.10	209721

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS AT CHISHOLM TRAIL, PC	84-4203183	0.05	102303
DENTISTS AT LAKEWOOD RANCH, PA	92-2904258	0.00	2
DENTISTS AT MIDTOWN, PA	83-3631701	0.06	169611
DENTISTS AT WESTCHASE, P.A.	83-1669741	0.05	222594
DENTISTS OF ARLINGTON, PC	83-1952399	0.04	42634
DENTISTS OF ATTLEBORO, PC	82-3436179	0.06	137713
DENTISTS OF BELLEVUE, PC	82-2052233	0.03	150387
DENTISTS OF BOCA VILLAGE, PA	88-1069347	0.02	20193
DENTISTS OF BOISE AND ORTHODONTICS, PC	84-4879131	0.04	69960

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF BUFORD, PC	82-4414030	0.04	96632
DENTISTS OF CHAMBLEE, PC	81-4375407	0.00	16709
DENTISTS OF CORAL GABLES, PA	83-1442742	0.02	108799
DENTISTS OF DEVINE, PC	84-5164166	0.00	19445
DENTISTS OF DORAL, PA	84-3572124	0.04	70247
DENTISTS OF EAGLE MOUNTAIN, PC	82-1095297	0.05	160364
DENTISTS OF EAST BRAINERD, PC	84-2523780	0.06	91170
DENTISTS OF EDEN PRAIRIE, P.C.	81-4729852	0.08	203670
DENTISTS OF FLOWER MOUND, PC	27-1374563	0.00	20957

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF FORT BEND, PC	82-3049742	0.09	292546
DENTISTS OF FORT LAUDERDALE, PA	83-3631193	0.03	60454
DENTISTS OF FORT MYERS, PA	88-2684545	0.03	23938
DENTISTS OF GAINESVILLE, PC	82-1096595	0.05	152385
DENTISTS OF HANOVER, PC	83-1097471	0.04	61828
DENTISTS OF HIGHLAND PARK, PC	82-2887828	0.08	242109
DENTISTS OF HOLLYWOOD, PA	87-4294529	0.03	31851
DENTISTS OF HUDSON OAKS AND ORTHODONTICS, PC	84-2249715	0.06	156303
DENTISTS OF LAKE WORTH, PC	82-4232158	0.03	141133

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF LAKELAND, PA	82-5100089	0.07	183422
DENTISTS OF LENEXA, P.A.	87-1834790	0.08	117750
DENTISTS OF LEXINGTON, PC	82-3018524	0.05	183350
DENTISTS OF MAGNOLIA, PC	93-3869977	0.00	265
DENTISTS OF MANSFIELD, PC	83-1931247	0.06	81750
DENTISTS OF MELBOURNE, PA	82-4030927	0.00	33830
DENTISTS OF MIAMI GARDENS, PA	84-4874848	0.03	41066
DENTISTS OF MIDLOTHIAN AND ORTHODONTICS, PC	82-5283267	0.08	237083
DENTISTS OF MITCHELL RANCH, PA	86-2122459	0.02	36672

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF MONTGOMERY, PC	82-2990081	0.10	207461
DENTISTS OF MOORE AND ORTHODONTICS, PC	85-1864662	0.00	155
DENTISTS OF NONA, PA	85-2905376	0.07	143743
DENTISTS OF NORTHPARK, PC	86-2745072	0.02	38226
DENTISTS OF OAKLAND PARK, PA	88-1264061	0.02	47680
DENTISTS OF OCOEE, PA	84-2507350	0.05	127170
DENTISTS OF OKLAHOMA CITY, PC	85-3267465	0.00	0
DENTISTS OF PALM BEACH GARDENS, PA	83-2253738	0.04	93552
DENTISTS OF PINES, PA	82-5090576	0.05	166945

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF PORT CHARLOTTE, PA	84-3026378	0.03	54213
DENTISTS OF RICHMOND, PC	88-1696899	0.05	42880
DENTISTS OF RIVERSTONE, PC	83-3313266	0.05	122426
DENTISTS OF RIVERVIEW, PA	83-1530206	0.04	75609
DENTISTS OF ROWLETT, PC	84-2847758	0.03	58395
DENTISTS OF ROYAL PALM, PA	83-4369457	0.02	72676
DENTISTS OF SANFORD, PA	83-4612870	0.02	39493
DENTISTS OF SAVAGE, P.C.	81-3844114	0.02	37997
DENTISTS OF SILVER SPRING, LLC	85-2965662	0.08	152229

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF SOUTH NAPLES, PA	83-1572005	0.06	113871
DENTISTS OF STERLING, PC	82-0855743	0.04	90656
DENTISTS OF STICKNEY POINT, PA	88-2958086	0.01	8112
DENTISTS OF STONE OAK, PC	83-2253525	0.05	144120
DENTISTS OF WACO, PC	84-3306537	0.03	68377
DENTISTS OF WEST COLUMBIA, PC	83-1443647	0.03	76879
DENTISTS OF WEST ST. PAUL, PC	88-1936840	0.03	30604
DENTISTS OF WHITE ROCK, PC	84-3347969	0.05	225896
DENTISTS OF WINTER PARK, PA	84-2507489	0.04	56805

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTISTS OF WINTER SPRINGS, PA	83-1095622	0.02	21901
DENTISTS OF WOODBURY, PC	83-3401191	0.07	155195
DENTON MODERN DENTISTRY AND ORTHODONTICS, PC	47-1433162	0.04	82191
DERBY MODERN DENTISTRY, P.A.	83-3567951	0.05	64576
DEVON PUCEL, D.D.S., CHESTERFIELD SMILES DENTISTRY, PC	81-0774289	0.04	69865
DHAMA AND KADAKIA DENTAL CORPORATION	06-1641366	0.00	525932
DHAMA AND RODGERS DENTAL CORPORATION	20-3036625	0.00	305607
DHAVAL PATEL AND AMARDEEP GILL DENTAL CORPORATION	46-1122636	0.00	175489
DHAVAL PATEL AND CAROLYN GHAZAL DENTAL CORPORATION	20-1511064	0.00	1531364

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIANA DO-YABUT DENTAL CORPORATION	20-1868462	0.00	839757
DIMITRI DENTAL CORPORATION	20-1308475	0.00	402268
DINEA-BERCI DENTAL CORPORATION	47-2667783	0.00	106556
DOCTOR PHILLIPS MODERN DENTISTRY, PA	81-1949110	0.04	219492
DONELSON SMILES DENTISTRY, PC	47-4052054	0.04	122282
DOUGLAS DENTAL CORPORATION	87-1307899	0.00	0
DO-YABUT AND TRAN DENTAL CORPORATION	20-1795401	0.00	388378
EAGAN SMILES DENTISTRY, P.C.	47-4832628	0.06	119997
EAGLE SMILES DENTISTRY AND ORTHODONTICS, PC	46-1799098	0.06	264009

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASLEY DENTAL CORPORATION	20-5527422	0.00	887381
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGEWOOD SMILES DENTISTRY, PC	84-2368811	0.04	128010
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EKIZIAN AND ELIE DENTAL CORPORATION	20-8808196	0.00	148353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELDORADO SMILES AND ORTHODONTICS, PC	26-3071684	0.06	210011
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELIAS DENTAL CORPORATION	88-2156743	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELIE DENTAL CORPORATION	20-1868419	0.00	396609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELIE PROFESSIONAL DENTAL CORPORATION	57-1166646	0.00	744730
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELPERS DENTISTS OF SPRING VALLEY, PC	81-4017924	0.04	99700
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMERALD SMILES DENTISTRY, PC	88-2661526	0.01	11503

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENTABI DENTAL CORPORATION	27-2554720	0.00	387513
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESTERO SMILES DENTISTRY, PA	84-5127986	0.05	73036
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESTRADA FLAMINGO SMILES, PC	27-3147586	0.06	289375
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVANS SPRING VALLEY DENTIST OFFICE, PC	47-4703621	0.02	105371
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FADDIS DENTISTS OF NORTH LAS VEGAS, PC	82-1271826	0.07	249910
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIRFAX MODERN DENTISTRY, PC	82-5230240	0.04	59687
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIRVIEW HEIGHTS DENTISTRY, PLLC	84-2130768	0.00	29904
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FALLS CHURCH MODERN DENTISTRY, PC	83-3730228	0.04	89919
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAREID DENTAL CORPORATION	47-2379550	0.00	262748

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FARRAGUT MODERN DENTISTRY, PC	83-2993131	0.07	156469
FAYETTEVILLE SMILES DENTISTRY, PC	47-2283359	0.07	156293
FEDOR DENTAL CORPORATION	83-1056779	0.00	47408
FIREWHEEL MODERN DENTISTRY, PC	46-3809450	0.06	398672
FISHHAWK MODERN DENTISTRY, PA	84-3695479	0.00	1797
FLORENCE SMILES DENTISTRY, PLLC	84-4533929	0.02	24616
FONTAINEBLEAU DENTISTRY, PA	81-0802675	0.07	282888
FORNEY MODERN DENTISTRY AND ORTHODONTICS, PC	27-0777146	0.13	618609
FORT MILL SMILES DENTISTRY, PC	86-3212650	0.03	41084

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOXCHASE DENTAL GROUP, PC	87-4566755	0.02	21717
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FREEMAN LAS VEGAS MODERN DENTISTRY, PC	45-2993092	0.12	1002512
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRIENDSWOOD MODERN DENTISTRY, PC	47-5186364	0.09	220043
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRISCO CROSSING DENTAL GROUP AND ORTHODONTICS, PC	84-4688954	0.05	76617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRISCO CUSTER STAR DENTAL GROUP, PC	27-3959669	0.08	375314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FULSHEAR MODERN DENTISTRY, PC	81-3802222	0.05	146277
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAFFINO AND REAGAN DENTAL CORPORATION	45-2827534	0.00	248975
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GALLATIN SMILES DENTISTRY, PC	81-2834429	0.03	72892
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GERALD LOPEZ DENTAL CORPORATION	26-1379538	0.00	759192

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GERALD LOPEZ, D.D.S., INC.	26-1379336	0.00	445247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GHAZAL AND HSIEH DENTAL CORPORATION	20-3200949	0.00	950344
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GHAZAL AND SOOD DENTAL CORPORATION	46-5618399	0.00	21968
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GHAZAL DENTAL CORPORATION	33-0958380	0.00	1121859
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GHAZAL RODGERS AND WATANABE DENTAL CORPORATION	47-5426970	18.29	33320836
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GILL AND BAUTISTA DENTAL CORPORATION	45-3982436	0.00	336425
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GILL AND SAMBANGI DENTAL CORPORATION	33-0958384	0.00	1072827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GILL AND VICUNA DENTAL CORPORATION	46-3505233	0.00	195698
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GILL PROFESSIONAL DENTAL CORPORATION	26-1379128	0.00	653508

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GISELLE MAR DENTAL CORPORATION	77-0505368	0.00	650610
2a Name of Participating Employer GLADE MODERN DENTISTRY AND ORTHODONTICS, PC	46-2664322	0.04	211889
2a Name of Participating Employer GLADSTONE SMILES DENTISTRY, PC	83-0782916	0.00	45726
2a Name of Participating Employer GLENWOOD PARK DENTISTRY, PC	81-2613261	0.05	255321
2a Name of Participating Employer GOGILTAN-WAXLER AND SETAREH DENTAL CORPORATION	20-4184647	0.00	480834
2a Name of Participating Employer GRACE MIN DENTAL CORPORATION	47-3082042	0.00	72355
2a Name of Participating Employer GRAND LAKES DENTAL GROUP AND ORTHODONTICS, PC	46-1571183	0.04	163657
2a Name of Participating Employer GRAND PRAIRIE MODERN DENTISTRY, PC	84-3153685	0.03	41236
2a Name of Participating Employer GRANT PARK DENTISTRY, PC	47-3368419	0.05	140892

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRESHAM MODERN DENTISTRY, PC	46-1574093	0.08	399998
GUEVARA-LARA DENTAL CORPORATION	84-3088015	0.00	23824
GULATI HIGHLANDS DENTISTRY, PC	84-4715776	0.06	134707
GURU WEST CHESTER MODERN DENTISTRY PC, INC.	84-5177140	0.05	72910
HABASHI DENTAL CORPORATION	20-2743030	0.00	348024
HALIE GULLEY, D.D.S., O'FALLON MODERN DENTISTRY, PC	46-3537630	0.11	345331
HAMBIK OKTANYAN DENTAL CORPORATION	20-8337771	0.00	524397
HANOVER SMILES DENTAL GROUP AND ORTHODONTICS, PC	46-2180298	0.04	143537
HAPPY VALLEY MODERN DENTISTRY, PC	88-1100632	0.00	4171

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARPER'S PRESERVE DENTISTRY, PC	84-3051844	0.05	98195
HARRINGTON LEMMON VALLEY DENTAL GROUP, PC	47-4661062	0.08	457492
HARRIS SPRING DENTAL GROUP, PC	46-5160988	0.08	290578
HEJAZI DENTAL CORPORATION	82-3554326	0.00	99495
HENDERSONVILLE SMILES DENTISTRY, PC	82-1439729	0.04	81495
HENRY NGUYEN DENTAL CORPORATION	47-3647384	0.00	184875
HERITAGE MODERN DENTISTRY, PC	45-4229579	0.10	585018
HERMITAGE MODERN DENTISTRY, PC	86-3767081	0.02	47561
HERNANDEZ ROCKSPRINGS DENTAL GROUP, PC	20-5338830	0.05	318021

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HERNDON MODERN DENTISTRY, PC	84-3564401	0.03	53571
HICKORY CREEK DENTAL GROUP AND ORTHODONTICS, PC	27-0744922	0.08	333069
HICKORY PLAZA DENTAL GROUP, PC	87-0883538	0.03	39365
HILLSBORO DENTIST OFFICE, PC	82-2051540	0.02	35120
HILLSBORO MODERN DENTISTRY, PC	46-4246016	0.08	253840
HILLTOP SMILES, PC	45-5395657	0.08	369516
HINDERBERGER DENTAL CORPORATION	84-2205686	0.00	61614
HIRAM DENTAL GROUP, PC	46-5352404	0.07	317781
HOMESTEAD MODERN DENTISTRY, PA	84-3871037	0.05	87650

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOPKINS CROSSROADS DENTISTRY, PC	84-4679922	0.02	33055
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HSIEH AND ABDELKARIM DENTAL CORPORATION	46-2684206	0.00	349960
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HSIEH AND CHUNG DENTAL CORPORATION	26-0867494	0.00	335093
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HULEN MODERN DENTISTRY, PC	27-2953792	0.02	236827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUTTO MODERN DENTISTRY, PC	81-3882878	0.02	52771
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUYNH AND HABASHI DENTAL CORPORATION	81-3383755	0.00	132248
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUYNH AND WATANABE DENTAL CORPORATION	20-1783257	0.00	564452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INAKSH JOHAL DENTAL CORPORATION	26-0189776	0.00	743723
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA STREET DENTAL GROUP, P.A.	88-3108599	0.04	34167

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JACKSON AND AULICK DENTAL CORPORATION	75-3074597	0.00	673779
JACKSON AND LEE DENTAL CORPORATION	20-5700093	0.00	253129
JACOB DENT, D.D.S., BATON ROUGE MODERN DENTISTRY, A PC	81-3442396	0.04	80951
JACOB DENT, D.D.S., COVINGTON DENTAL GROUP, A PROFESSIONAL CORPORATION	93-2736064	0.00	2187
JACOB DENT, D.D.S., DENTISTS OF LAKE CHARLES, A PROFESSIONAL CORP	82-3017360	0.09	306832
JACOB DENT, D.D.S., DENTISTS OF MANDEVILLE, A PROFESSIONAL CORPORATION	84-3796016	0.04	63311
JACOB DENT, D.D.S., DENTISTS OF METAIRIE, A PROFESSIONAL CORPORATION	84-3352434	0.05	156372
JACOB DENT, D.D.S., WESTBANK DENTISTRY, A PROFESSIONAL CORPORATION	93-3134284	0.00	71
JADALI-ARAGHI AND NOSTI DENTAL CORPORATION	26-1928752	0.00	392201

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JADALI-ARAGHI DENTAL CORPORATION	47-1387549	0.00	243452
JAISSWAL AND DALTON DENTAL CORPORATION	26-0714988	0.00	362586
JANTZEN BEACH MODERN DENTISTRY, PC	46-2799057	0.00	4957
JEDEDIAH HUSS DENTAL CORPORATION	20-8919118	0.00	259935
JEFFERSON AND KIM DENTAL CORPORATION	46-1122798	0.00	324783
JEFFERSON AND SCHMIDT DENTAL CORPORATION	26-0152018	0.00	1286612
JEFFREY D. ANDERSON, D.D.S., MADISON DENTAL GROUP, PC.	46-3664805	0.04	203418
JEFFREY S. TOLER, D.D.S., MILLERVILLE DENTAL GROUP, A PC	82-3005362	0.04	78005
JENNIFER HERBERT DENTAL CORPORATION	82-4653683	0.00	51079

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JENNIFER WILLIAMS TINNEL, D.D.S., TIFFANY SPRINGS DENTAL GROUP, PC	46-0939677	0.11	345243
JEONG DENTAL CORPORATION	20-4959338	0.00	359818
JESSICA NGUYEN DENTAL CORPORATION	47-4381606	0.00	140384
JETT FERRY DENTAL GROUP, PC	46-5267941	0.01	100178
JIMMY CHEUNG DENTAL CORPORATION	26-1438630	0.00	264875
JOAN THANH TO DENTAL CORPORATION	81-1589720	0.00	156458
JOESTING DENTAL CORPORATION	20-4652066	0.00	149453
JOHN C. NOSTI, D.D.S., INC.	47-3549927	0.00	174882
JOHN HOLMES, D.D.S., BELTON MODERN DENTISTRY, PC	46-0929087	0.08	345319

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHN NOSTI DENTAL CORPORATION	38-3942042	0.00	11520
JOHNSON FERRY DENTISTRY, PC	46-3473074	0.07	339347
JONATHAN NGUYEN, D.D.S., DENTISTS OF SLIDELL, A PROFESSIONAL CORP	81-4944535	0.06	172207
JOSEPH HANNA, D.D.S., INC.	82-4523721	0.00	38219
JOSHUA GIROD, D.D.S., ACADIAN MONDERN DENTISTRY, A PC	47-5170078	0.06	182262
JUN DENTISTS OF HENDERSON, PC	92-3982534	0.01	7626
JUSTIN MERCER DENTAL CORPORATION	82-1928969	0.00	19921
JUSTIN NAMM DENTAL CORPORATION	88-2769878	0.00	0
KAHBODY DENTAL CORPORATION	20-0053245	0.00	245841

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANG RENO MODERN DENTISTRY, PC	46-1410369	0.11	486219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANSAGRA AND NGUYEN DENTAL CORPORATION	20-4023989	0.00	505185
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANSAGRA DENTISTS AT HYDE PARK PLAZA, PC, INC.	83-4336179	0.05	82806
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANSAGRA DENTISTS OF SHARONVILLE PC, INC.	88-1620734	0.00	631
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANSAGRA DENTISTS OF WESTWOOD PC, INC.	83-3301916	0.01	42343
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANSAGRA MASON MODERN DENTISTRY PC, INC.	84-4024437	0.05	64805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KARIM ZAKLAMA DENTAL CORPORATION	47-4959187	0.00	312376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KARIMZADA SILVERADO RANCH DENTISTRY, PC	83-3457455	0.03	83014
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KATAYOUN SETAREH DENTAL CORPORATION	26-4428996	0.00	303711

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Part II Participating Employer Information (Continued).

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KATHERINE BABINEAUX, D.D.S., LAFAYETTE MODERN DENTISTRY, A PC	47-5199871	0.12	308960
KATY HIGHLANDS DENTAL GROUP, PC	46-5766919	0.07	258010
KATY MODERN DENTISTRY AND ORTHODONTICS, PC	45-4864660	0.08	533564
KEDIA AND WATANABE DENTAL CORPORATION	20-1781675	0.00	183177
KELLER MODERN DENTISTRY AND ORTHODONTICS, PC	47-2364760	0.06	137476
KEVIN CHUNG DENTAL CORPORATION	46-4406778	0.00	389016
KEVIN SU DENTAL CORPORATION	87-2322582	0.00	0
KHAKWANI AND MOHAMMAD MEDICAL, PC	88-4367112	0.13	665718
KHAKWANI MEDICAL CORPORATION, PC	81-1476918	0.08	128592

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KHALED ENTABI, D.D.S., INC.	83-0770292	0.00	89723
KHATTAK DENTAL CORPORATION	20-4320661	0.00	235390
KHAZALI DENTAL CORPORATION	20-4185266	0.00	252903
KILLEEN MODERN DENTISTRY, PC	82-4196741	0.04	80501
KILLIAN DENTISTRY, PC	82-2629930	0.06	186732
KIM AND DO-YABUT DENTAL CORPORATION	86-3746883	0.00	1887
KIM AND WATANABE DENTAL CORPORATION	20-3065295	0.00	386719
KIM HENDERSON KIDS' DENTISTRY, PC	93-1356377	0.01	4865
KING RAMPART DENTAL GROUP, PC	47-4624729	0.06	358831

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KINGWOOD SMILES DENTISTRY, PC	81-5249867	0.04	162462
KITTY HAWK SMILES DENTISTRY AND ORTHODONTICS, PC	45-4879929	0.08	285763
KNAPKE BLUE ASH MODERN DENTISTRY, PC, INC.	87-3652670	0.05	42935
KNIGHT DENTAL CORPORATION	26-0336730	0.00	275893
KNOLLWOOD DENTISTRY, PC	47-3390952	0.04	112626
KRAMER AND NGUYEN DENTAL CORPORATION	81-3418097	0.00	116494
KUNAL SOOD DENTAL CORPORATION	46-4943007	0.00	147319
KYLE BOYCE, D.D.S., SUMMIT MODERN DENTISTRY, P.C.	46-4296969	0.07	321359
LADY LAKE SMILES DENTISTRY, PA	81-2569715	0.10	180011

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LAKE BARCROFT DENTAL GROUP, PC	84-3320667	0.04	93499
LAKE BUTLER DENTAL GROUP, PA	92-1299085	0.02	10114
LAKE CONROE DENTISTRY, PC	46-2933105	0.07	212772
LAKE JACKSON MODERN DENTISTRY, PC	47-4421075	0.05	280000
LAKE MARY MODERN DENTISTRY, PA	82-1004607	0.06	131977
LAKE OSWEGO MODERN DENTISTRY, PC	84-3879385	0.02	27216
LAKE WORTH MODERN DENTISTRY, PA	84-4513630	0.03	57758
LAKE WYLIE MODERN DENTISTRY, PC	84-2609285	0.03	38512
LAKELAND MODERN DENTISTRY, PA	82-2837300	0.04	95331

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LAKHANI DENTAL CORPORATION	88-3045180	0.00	0
LAMBRIDIS AND GHAFARZADEGAN DENTAL CORPORATION	56-2321616	0.00	983781
LA-PHAM DENTAL CORPORATION	82-1272607	0.00	125172
LATSHIKYAN DENTAL CORPORATION	82-3247430	0.00	76508
LAU AND PARK DENTAL CORPORATION	81-1661753	0.00	126195
LAWRENCEVILLE DENTIST OFFICE, PC	81-1433084	0.00	8302
LE AND PHAM DENTAL CORPORATION	47-1581770	0.00	310664
LEAGUE CITY MODERN DENTISTRY AND ORTHODONTICS, PC	46-0702599	0.06	501117
LEAGUE CITY SMILES DENTISTRY, PC	47-4424241	0.08	389326

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LEANDER MODERN DENTISTRY, PC	87-4359104	0.04	39899
LEE AND NOSTI DENTAL CORPORATION	26-2506956	0.00	444106
LEE AND WOO DENTAL CORPORATION	52-2248400	0.00	299640
LEE DEER SPRINGS MODERN DENTISTRY, PC	46-1193475	0.06	489888
LEE MLK DENTAL GROUP, PC	20-4714412	0.09	633679
LEE AND SAMBANGI DENTAL CORPORATION	47-1867430	0.00	492222
LEE, WATANABE AND NOSTI DENTAL CORPORATION	20-1783485	0.00	666293
LEESBURG MODERN DENTISTRY, PC	88-3630033	0.02	15973
LEGENDS DENTAL GROUP, P.A.	46-2888285	0.10	714830

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LENG AND CHOKKA DENTAL CORPORATION	33-0842158	0.00	452564
LENG DENTAL CORPORATION	20-2821478	0.00	207223
LEON SPRINGS MODERN DENTISTRY, PC	86-2857548	0.03	77754
LEONG AND PANDHOH DENTAL CORPORATION	84-2620661	0.00	34838
LINGTON MODERN DENTISTRY, PC	83-2282302	0.01	25530
LIE CHARLESTON SMILES DENTISTRY, PC	83-2815724	0.04	126678
LIGON MARYLAND PARKWAY SMILES DENTISTRY, PC	84-2765335	0.03	90017
LIN HENDERSON DENTAL GROUP, PC	26-1771124	0.07	537692
LINDA BANG DENTAL CORPORATION	20-0377582	0.00	558287

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LITTLE ELM DENTISTRY AND ORTHODONTICS, PC	82-5444713	0.05	126608
LOGANVILLE DENTIST OFFICE, PC	81-3194054	0.05	271673
LOOMBA DENTAL CORPORATION	26-2332942	0.00	471888
LOPEZ AND BAUTISTA DENTAL CORPORATION	46-1281187	0.00	337999
LUCKOOR QUEENSRIDGE MODERN DENTISTRY PC	88-4186165	0.04	33234
LUONG LAS VEGAS MODERN SMILES DENTISTRY, PC	83-2088060	0.02	37166
LYNDA WATANABE DENTAL CORPORATION	20-4184405	0.00	129731
MACON DENTIST OFFICE, PC	81-1424364	0.00	66322
MAGAR AND SHARIFIAN DENTAL CORPORATION	45-2449446	0.00	570560

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MAGAR AND SMITH DENTAL CORPORATION	82-5461270	0.00	107514
MAKADIA AND STOUT DENTAL CORPORATION	47-2207415	0.00	46719
MANNEM AND GHAZAL DENTAL CORPORATION	20-3486404	0.00	234189
MANNEM DENTAL CORPORATION	47-5260114	0.00	115076
MANPREET KAUR DENTAL CORPORATION	32-0453073	0.00	149766
MANSFIELD SMILES AND ORTHODONTICS, PC	45-3204149	0.04	187030
MAPLE GROVE SMILES DENTISTRY, PC	47-4442431	0.02	73187
MARAL KHAZALI DENTAL CORPORATION	84-1928279	0.00	43695
MARKETPLACE DENTISTRY, P.A.	82-4690890	0.02	31890

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARTIN GALSTYAN DENTAL CORPORATION	81-2921204	0.00	25297
MARTINEZ MACDONALD RANCH MODERN DENTISTRY, PC	46-3544011	0.06	273718
MARYVILLE MODERN DENTISTRY, PC	83-1804774	0.03	65366
MASAKI DURANGO DENTAL GROUP, PC	20-4714507	0.09	473409
MATTHEW YIP, D.D.S., LIBERTY DENTAL GROUP, P.C.	47-4982164	0.11	422122
MATTHEW YIP, D.D.S., PARKVILLE MODERN DENTISTRY, P.C.	46-2876552	0.09	590759
MCALISTER DENTISTRY, PC	92-3347095	0.00	3829
MCDONOUGH DENTAL CORPORATION	84-3032566	0.00	21679
MCEVOY SPARKS MODERN DENTISTRY, PC	86-2649211	0.04	70935

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCKINNEY DENTAL GROUP AND ORTHODONTICS, PC	26-2955359	0.06	515168
MCMURRAY DENTAL CORPORATION	33-0819873	0.00	608957
MELANIE KIM DENTAL CORPORATION	84-4495721	0.00	48847
MEMORIAL MODERN DENTISTRY, PC	81-3768203	0.00	67709
MERCER AND SHAKIL DENTAL CORPORATION	26-1339230	0.00	1168317
MERIDIAN SMILES DENTISTRY, PC	46-1176304	0.01	35650
MESQUITE DENTAL GROUP, PC	27-2462884	0.09	354009
MEYERLAND MODERN DENTISTRY, PC	84-3897769	0.07	154150
MIAMI SHORES MODERN DENTISTRY, PA	81-1541400	0.10	352437

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL CHO DENTAL CORPORATION	88-2211580	0.00	0
MICHAEL ORTEGA DENTAL CORPORATION	47-3755091	0.00	57324
MICHAEL WONG DENTAL CORPORATION	85-2818720	0.00	26858
MILFORD DENTIST OFFICE, PC	83-2251257	0.03	56310
MIN DENTAL CORPORATION	26-0363947	0.00	410934
MINH PHAM AND STEVEN ALVARADO DENTAL CORPORATION	46-2598071	0.00	201200
MIRAMAR MODERN DENTISTRY, PA	87-1357015	0.05	68567
MOHINI PATEL DENTAL CORPORATION	20-1782084	0.00	239450
MOKBIL AND GILL DENTAL CORPORATION	82-2758183	0.00	69975

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOKBIL DENTAL CORPORATION	82-1750776	0.00	101524
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MONCKS CORNER DENTAL GROUP, PC	92-1947844	0.01	7593
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORTON RANCH SMILES DENTISTRY, PC	82-1371913	0.10	333637
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOSCHAR DENTAL CORPORATION	81-1094092	0.00	259184
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOUNT DORA MODERN DENTISTRY, PA	81-4466761	0.06	172287
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOUNT VERNON MODERN DENTISTRY, PC	83-1872042	0.03	41439
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MT. JULIET DENTAL GROUP, PC	81-2951413	0.02	29485
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MT. JULIET MODERN DENTISTRY, PC	88-2248645	0.01	8683
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUGLESTON HENDERSON MODERN DENTISTRY, PC	45-4612311	0.14	775526

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MURFREESBORO MODERN DENTISTRY, PC	82-2690574	0.03	88420
MURFREESBORO SMILES DENTISTRY, PC	81-3683237	0.07	163973
NAJAFI DENTAL CORPORATION	33-0942247	0.00	2351375
NAKAKI AND LIN DENTAL CORPORATION	26-1400094	0.00	638083
NAM DANG DENTAL CORPORATION	45-2570626	0.00	140649
NAM DANG, D.D.S., INC.	20-1783377	0.00	886768
NAPLES BAY DENTAL GROUP, PA	87-2577386	0.04	48362
NAPLES MODERN DENTISTRY, PA	83-3678982	0.05	124240
NAPLES SMILES DENTISTRY, PA	84-3351585	0.05	106518

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAPPOLY DENTAL CORPORATION	83-3773909	0.00	37478
NATALIE LE DENTAL CORPORATION	47-4904331	0.00	166304
NAVEJAS CARPIO DENTAL CORPORATION	83-2865075	0.00	49712
NAZARENO AND NOSTI DENTAL CORPORATION	81-3508923	0.00	63809
NETWORK OF MINNESOTA DENTAL PROVIDERS PC	47-1072124	0.11	303913
NETWORK OF TEXAS DENTAL PROVIDERS	46-2727726	0.70	1805173
NEW BRAUNFELS MODERN DENTISTRY, PC	81-3446260	0.12	356166
NEW CANEY SMILES DENTISTRY, PC	93-2477689	0.00	2036
NGUYEN AND REAGAN DENTAL CORPORATION	20-2957890	0.00	561225

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NGUYEN AND WATANABE DENTAL CORPORATION	52-2223524	0.00	373488
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NGUYEN OAKLEY DENTAL GROUP PC, INC.	87-3245696	0.01	11581
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NICOLE SMITH DENTAL CORPORATION	46-3558980	0.00	172488
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOLENSVILLE SMILES DENTISTRY, PC	92-2143701	0.01	8631
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NONA DENTISTS 3, PA	84-4492234	0.02	30242
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NONA DENTISTS, PA	82-2090887	0.12	299103
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOOR RAHIMI DENTAL CORPORATION	27-4024006	0.00	433787
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTH CYPRESS SMILES DENTISTRY, PC	81-4587977	0.04	95687
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTH DECATUR DENTISTRY, PC	81-4727774	0.06	129206

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTH KENDALL DENTISTS, PA	92-2539216	0.01	7025
NORTHEAST DALLAS DENTISTRY, PC	83-2171338	0.07	162611
NORTHSHORE SMILES DENTISTRY, PC	82-4787461	0.03	103321
NORTHWOOD MODERN DENTISTRY, PA	86-2155228	0.01	22169
NOSTI AND REAGAN DENTAL CORPORATION	20-0917538	0.00	802724
NRH MODERN DENTISTRY, PC	81-0799418	0.02	53770
NW DENTISTRY AND ORTHODONTICS, PC	46-2674401	0.05	166538
OAK FOREST DENTAL GROUP AND ORTHODONTICS, PC	46-1163237	0.12	543584
OAK RIDGE SMILES DENTISTRY, PC	82-5209001	0.06	86164

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OAKLAND PARK MODERN DENTISTRY, PA	81-1418857	0.06	204858
OAKS SMILES DENTAL GROUP, PC	46-2927453	0.00	22646
OATES AND JEFFERSON DENTAL CORPORATION	46-2769812	0.00	442431
O'DONNELL DENTAL CORPORATION	20-1782295	0.00	550583
OKTANYAN DENTAL CORPORATION	46-2950135	0.00	295298
OLATHE DENTAL GROUP, P.A.	81-1347951	0.06	223465
OLATHE SOUTH DENTISTRY, P.A.	83-1221418	0.07	151682
OLATHE WEST DENTISTRY, P.A.	84-2978977	0.08	185391
OLNEY MODERN DENTISTRY, LLC	88-1383792	0.04	34914

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OVERLAND PARK MODERN DENTISTRY, P.A.	46-4091613	0.03	145087
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OVIEDO SMILES DENTISTRY, PA	82-4058604	0.05	195642
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OWEIS UNION VILLAGE MODERN DENTISTRY, PC	86-2941571	0.09	136979
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC DENTAL SERVICES FOUNDATION	45-5083789	0.07	85864
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC DENTAL SERVICES LLC	33-0681491	45.04	194523118
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PANDHOH DENTAL CORPORATION	26-2283630	0.00	224407
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PANGILINAN AND GILL DENTAL CORPORATION	46-3908217	0.00	390881
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARK AND JACKSON DENTAL CORPORATION	20-2546329	0.00	271108
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARK AND SAMBANGI DENTAL CORPORATION	26-3278949	0.00	327278

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARMAR DENTISTS OF EASTGATE PC, INC.	84-3555048	0.06	79481
PARULEKAR DENTAL GROUP	26-4612750	0.00	147581
PASADENA MODERN DENTISTRY, PC	84-2436918	0.03	93233
PATEL AND GILL DENTAL CORPORATION	47-2112168	0.00	149896
PATEL AND HABASHI DENTAL CORPORATION	27-1521664	0.00	154632
PATEL AND HUSS DENTAL CORPORATION	46-2185544	0.00	128442
PATEL AND LEE DENTAL CORPORATION	82-5392216	0.00	74214
PATOLUS OPERATIONS LLC	82-2064666	0.00	140762
PDS COLORADO NETWORK LLP	26-2807851	3.41	14846043

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PDS IDAHO-UTAH DENTAL SUPPORT LLC	87-4094561	0.34	541232
PDS NEW MEXICO SOCO DENTAL SUPPORT, LLC	85-3821363	0.57	900358
PDS NORTHERN COLORADO DENTAL SUPPORT, LLC	26-2263705	0.00	2320553
PDS SOUTH COLORADO NETWORK LLP	85-4077144	0.00	539575
PEACHTREE CITY DENTAL GROUP, PC	47-4587096	0.06	254737
PEARLAND DENTISTS, PC	47-1183487	0.08	188006
PEARLAND MODERN DENTISTRY, PC	45-4857026	0.21	1004404
PEGGY CHU DENTAL CORPORATION	27-3155238	0.00	582843
PENAFLOIDA DENTAL CORPORATION	20-3947899	0.00	698014

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERALTA DENTISTS OF CARSON CITY, PC	82-2154965	0.03	116759
PERALTA RENO SMILES DENTISTRY, PC	46-2690803	0.06	133377
PERALTA SPANISH SPRINGS MODERN DENTISTRY, PC	46-4871811	0.06	502863
PERIODONTICS HEALTH GROUP-SF PA	87-2369592	0.03	51173
PESSAH DENTAL CORPORATION	84-2945981	0.00	26461
PFLUGERVILLE MODERN DENTISTRY, PC	27-4974387	0.07	250113
PHAM PARADISE SMILES DENTISTRY, PC	81-1004194	0.06	263290
PHI HUYNH AND BRYAN WATANABE DENTAL CORPORATION	46-2598272	0.00	104006
PINECREST DENTISTRY, PA	81-4945838	0.07	290518

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIRASTEHFAR AND HABASHI DENTAL CORPORATION	20-8899105	0.00	313779
PLANO MODERN DENTISTRY, PC	27-3546212	0.07	251034
PLYMOUTH SMILES DENTISTRY, PC	92-0878230	0.01	4494
PONCE DENTAL GROUP, PC	84-1741325	0.00	11459
PORT ORANGE MODERN DENTISTRY, PA	83-1670256	0.04	48760
PORTLAND MODERN DENTISTRY, PC	83-3750843	0.08	110971
POTRANCO DENTISTRY, PC	84-2382303	0.06	92490
POULSEN DENTAL CORPORATION	82-1987003	0.00	140036
POWDERSVILLE SMILES DENTISTRY, PC	84-2559037	0.03	83660

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRABHPREET KAILA DENTAL CORPORATION	47-4982361	0.00	65406
PRATIK MAKADIA DENTAL CORPORATION	83-1265339	0.00	37733
PRESTON MODERN DENTISTRY, PC	27-2206587	0.05	146721
QUINN DENTISTS OF ST. ROSE, PC	84-2583004	0.11	158301
QUINN STEPHANIE DENTAL GROUP, PC	20-8863082	0.09	292560
QURBAN DENTAL CORPORATION	82-2686779	0.00	79857
RAYFORD MODERN DENTISTRY, PC	47-4904684	0.11	546879
REAGAN AND PANDHOH DENTAL CORPORATION	20-5181742	0.00	704119
REAGAN DENTAL CORPORATION	33-0863140	0.00	1210071

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REAGAN DENTAL CORPORATION	33-0853035	0.00	0
2a Name of Participating Employer RED BANK SMILES DENTISTRY, PC	83-2488621	0.07	127986
2a Name of Participating Employer REDSTONE MODERN DENTISTRY, PC	84-2567230	0.06	102954
2a Name of Participating Employer RHO DENTAL CORPORATION	20-1124068	0.00	572436
2a Name of Participating Employer RICHARD E SCIPIONE, D.D.S., METAIRIE MODERN DENTISTRY, A PC	81-3613094	0.10	250850
2a Name of Participating Employer RICHFIELD DENTISTRY, P.C.	46-4625566	0.11	311349
2a Name of Participating Employer RICKY V. TRAN DENTAL CORPORATION	47-2117362	0.00	354688
2a Name of Participating Employer RIGOR DENTAL CORPORATION	84-4638154	0.00	29379
2a Name of Participating Employer RITESH KUMAR DENTAL CORPORATION	26-3710603	0.00	450953

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RITESH KUMAR, D.D.S., INC.	20-5528026	0.00	860956
RITTU GILL DENTAL CORPORATION	20-3364896	0.00	922628
RITTU GILL, D.D.S., INC.	86-3294126	0.00	5302
RIVERVIEW SMILES DENTISTRY, PA	92-1604530	0.01	13722
ROANOKE DENTAL GROUP, PC	81-1095381	0.06	138437
ROCK HILL MODERN DENTISTRY, PC	84-3634763	0.04	63109
ROCKWALL MODERN DENTISTRY AND ORTHODONTICS, PC	45-4878028	0.12	525291
ROGERS AND REAGAN DENTAL CORPORATION	48-1262852	0.00	821494
ROGERS PARKWAY MODERN DENTISTRY, PC	82-5284738	0.02	76026

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROSWELL SMILES DENTISTRY, PC	47-4514037	0.00	11865
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROUND ROCK DENTISTS, PC	46-1507072	0.12	296590
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROUND ROCK MODERN DENTISTRY, P.C.	47-2231902	0.05	140831
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUSSELL MODERN DENTISTRY, PC	87-4287793	0.01	10643
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
S. ALVARADO AND M. PHAM DENTAL CORPORATION	47-1382393	0.00	55520
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFARKOOLAN DENTAL CORPORATION	20-4959933	0.00	148629
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALAZAR CENTENNIAL MODERN DENTISTRY, PC	81-3137438	0.05	203084
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALVADOR MELARA DENTAL CORPORATION	47-3476238	0.00	152803
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANAZ KHALEGHI DENTAL CORPORATION	26-3444469	0.00	261245

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANDY PLAINS DENTAL GROUP, PC	84-3944496	0.02	25318
SCHMIDT AND JEFFERSON DENTAL CORPORATION	83-1958865	0.00	114970
SCOTT AND KANSAGRA DENTAL CORPORATION	83-2734715	0.00	47149
SEDIQ AND HANNA DENTAL CORPORATION	83-3771829	0.00	41404
SERGIO VICUNA, D.D.S., INC.	81-2942672	0.00	146424
SETAREH DENTAL CORPORATION	56-2323856	0.00	549048
SEUNG LEE DENTAL CORPORATION	37-1762461	0.00	17720
SHAH AND HUYNH DENTAL CORPORATION	83-1689751	0.00	84646
SHAH AND JEFFERSON DENTAL CORPORATION	46-0806818	0.00	137297

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAHAB ARIANNEJAD DENTAL CORPORATION	87-1177897	0.00	0
SHAHRESTANI CANYON POINTE DENTAL GROUP, PC	26-0160921	0.04	283579
SHAHRESTANI RANCHO SMILES DENTISTRY, PC	93-3397878	0.00	1234
SHAHRESTANI SHADOW MOUNTAIN SMILES DENTISTRY, PC	83-3358691	0.04	90237
SHAHRESTANI SPARKS MARINA DENTISTRY, PC	47-3817118	0.00	132770
SHAHRESTANI NORTHWEST RENO SMILES DENTAL GROUP, PC	46-4394010	0.08	269267
SHARIFIAN DENTAL CORPORATION	52-2239042	0.00	1007350
SHAWN LEE AND MANORANJANI SAMBANGI DENTAL CORPORATION	81-1087652	0.00	159314
SHAWNEE DENTAL GROUP, PA	47-3363479	0.03	107709

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHENANDOAH SMILES DENTISTRY, PC	47-3083515	0.05	224907
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHERWOOD MODERN DENTISTRY PC	47-2296666	0.00	32840
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHETTY DENTAL CORPORATION	26-1859246	0.00	404064
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHREWSBURY DENTISTRY, PC	82-4670442	0.07	143895
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SICAT DIAMOND DENTAL GROUP, PC	26-1748512	0.04	294120
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIENNA MISSOURI CITY MODERN DENTISTRY, PC	45-2092903	0.09	491094
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIMONIAN DENTAL CORPORATION	20-3355894	0.00	526017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SINGH AND PATEL DENTAL CORPORATION	46-3831031	0.00	152096
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMITH AND SHARIFIAN DENTAL CORPORATION	46-5271971	0.00	259672

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SMYRNA DENTIST OFFICE, PC	81-4891077	0.03	107041
SMYRNA MODERN DENTISTRY, PC	47-4812623	0.06	221817
SNELLVILLE SMILES DENTISTRY, PC	47-1495759	0.02	122256
SODO SMILES DENTISTRY, PA	83-2235553	0.04	175722
SOHAL AND PHAM DENTAL CORPORATION	81-5196711	0.00	126005
SOLAIMAN TEHRANI AND GALSTYAN DENTAL CORPORATION	20-4624633	0.00	430242
SONAL SINGH DENTAL CORPORATION	45-5630145	0.00	205162
SONAL SINGH, D.D.S., INC.	20-8884079	0.00	431050
SOOD AND FAREID DENTAL CORPORATION	47-2272237	0.00	70737

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOOJIN LEE DENTAL CORPORATION	26-0407228	0.00	187760
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH KENDALL DENTISTRY, PA	84-3871349	0.05	97528
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH RIDING MODERN DENTISTRY, PC	83-2987134	0.04	30422
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPM DENTAL GROUP AND ORTHODONTICS, PC	46-2882313	0.05	148719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRING CYPRESS MODERN DENTISTRY, PC	45-4891747	0.06	381762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRING HILL MODERN DENTISTRY, PC	83-1217279	0.03	209147
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRING KLEIN DENTISTRY, PC	81-5485515	0.10	287103
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRINGFIELD DENTAL GROUP, PC	82-3052058	0.05	124000
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRINGFIELD MODERN DENTISTRY, PC	88-3679500	0.01	5472

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEVEN WU DENTAL CORPORATION	84-3032642	0.00	18328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEVENS RANCH MODERN DENTISTRY, PC	93-2187699	0.00	1813
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STILLWATER MODERN DENTISTRY, PC	92-1950958	0.01	9414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STONE OAK MODERN DENTISTRY, PC	27-3546865	0.13	627545
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STROMBERG DENTAL CORPORATION	33-0843444	0.00	234402
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUDHAKAR R. CHOKKA, D.D.S., INC.	03-0477150	0.00	738813
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUGAR LAND DENTAL GROUP, PC	45-3564810	0.09	323660
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUGAR LAND MODERN DENTISTRY, PC	27-3945804	0.10	751974
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMEET PANDHOH DENTAL CORPORATION	84-4798962	0.00	1094

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMERVILLE SMILES DENTAL OFFICE, PC	86-3127155	0.01	15616
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMERWOOD SMILES DENTISTRY, PC	47-1778274	0.06	176648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWATI SHETTY DENTAL CORPORATION	82-4652638	0.00	139846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYLVAN PARK SMILES DENTISTRY, PC	84-3095189	0.03	63930
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SZUTZ DENTAL CORPORATION	46-3575885	0.00	216677
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAHERIAN AND SHARIFIAN DENTAL CORPORATION	33-0942223	0.00	275067
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAHERIAN DENTAL CORPORATION	52-2211052	0.00	610412
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANG DENTISTS OF WEST HENDERSON, PC	88-1145114	0.01	8637
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANG SAHARA MODERN DENTISTRY, PC	86-1484470	0.03	61758

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TARAPOREWALLA DENTAL CORPORATION	88-2249842	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TERRI NGUYEN DENTAL CORPORATION	20-0286568	0.00	1045005
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE DENTAL OFFICE OF MCKINNEY, PC	88-2044336	0.02	11846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE DENTAL OFFICE OF RESTON, PC	86-2971494	0.01	2191
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE HEIGHTS MODERN DENTISTRY, PC	45-4892002	0.06	411630
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE WOODLANDS MODERN DENTISTRY AND ORTHODONTICS, PC	45-2492724	0.08	394059
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIGARD MODERN DENTISTRY AND ORTHODONTICS, PC	47-5159856	0.06	215023
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIGARD TRIANGLE SMILES, PC	45-5401206	0.04	126269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIMOTHY BENNETT DENTAL CORPORATION	20-4185758	0.00	430700

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TINY TOWN SMILES DENTISTRY, PC	82-3003093	0.07	179024
TOMBALL SMILES DENTISTRY, PC	47-2822599	0.03	115677
TON AND DHAMA DENTAL CORPORATION	26-1414225	0.00	308311
TORRES CRAIG RANCH DENTAL GROUP, PC	82-2081293	0.06	268427
TRAILS DENTAL GROUP AND ORTHODONTICS, PC	46-1730637	0.05	205718
TRAN AND LEE DENTAL CORPORATION	86-1910868	0.00	8311
TRAN AND NOSTI DENTAL CORPORATION	45-5328801	0.00	403081
TRENTON DENTAL GROUP, PC	92-2339867	0.01	8582
TREVOR J. THOMAS, D.D.S., INC.	83-4160536	0.00	25834

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TREVOR THOMAS DENTAL CORPORATION	83-4245295	0.00	112484
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRINITY PARK DENTISTRY, PC	88-1167347	0.01	8059
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TUALATIN MODERN DENTISTRY, PC	46-1936813	0.06	103136
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TULLY AND MOKBIL DENTAL CORPORATION	87-1946556	0.00	303
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TYSONS MODERN DENTISTRY, PC	88-0779969	0.01	798
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USHA MANTENA DENTAL CORPORATION	81-1588527	0.00	167432
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALA DENTAL CORPORATION	20-2852563	0.00	435717
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VANSON DENTAL CORPORATION	82-1748250	0.00	205410
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VELAYO GREEN VALLEY SMILES DENTISTRY, PC	47-5334172	0.08	374684

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VICTORIA D. NGUYEN, D.D.S., INC.	83-2233989	0.00	95639
VICTORIA NGUYEN LE DENTAL CORPORATION	84-2249108	0.00	21444
VICUNA AND LAMBRIDIS DENTAL CORPORATION	46-2774443	0.00	206389
VICUNA AND MAK DENTAL CORPORATION	46-3785551	0.00	379871
VIERA MODERN DENTISTRY, PA	82-2112086	0.07	196308
VILLAGE DENTISTRY, P.A.	82-4845715	0.06	188120
VILLAGE MODERN DENTISTRY, PA	82-2989436	0.00	14795
VILLAGE SMILES AND ORTHODONTICS, PC	26-2956008	0.03	253359
VILLAGE WEST DENTISTRY, P.A.	83-3264188	0.03	81106

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VINCENT TU DENTAL CORPORATION	20-5672837	0.00	186998
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VUKOTIC AND OATES DENTAL CORPORATION	81-3804695	0.00	97948
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WADHWA DENTAL CORPORATION	26-4612750	0.00	123243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALKER AND WATANABE DENTAL CORPORATION	52-2228282	0.00	601927
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALTER JEFFERSON DENTAL CORPORATION	61-1933806	0.00	27674
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALTER JEFFERSON, D.D.S., INC.	81-4407998	0.00	89044
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALTHAM MODERN DENTISTRY, PC	83-2817989	0.06	122093
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WASHINGTON DENTAL CORPORATION, PC	46-3111392	3.50	10357461
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATANABE AND ESPELETA PROFESSIONAL DENTAL CORPORATION	20-2643349	0.00	671768

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATANABE AND LYNN DENTAL CORPORATION	20-3463636	0.00	570461
WATANABE AND LYNN PROFESSIONAL DENTAL CORPORATION	20-5672922	0.00	351980
WATANABE AND TRAN DENTAL CORPORATION	88-3150460	0.00	1841893
WATANABE AND VU DENTAL CORPORATION	33-0853036	0.00	0
WATANABE AND WON DENTAL CORPORATION	20-3397598	0.00	1137415
WATANABE SHADOW MOUNTAIN DENTAL GROUP, PC	20-8862814	0.10	827870
WATANABE TOWN CENTER DENTAL GROUP, PC	20-5339044	0.13	795645
WAXAHACHIE MODERN DENTISTRY, PC	84-3262018	0.03	29022
WESLEY CHAPEL SMILES DENTISTRY, PA	83-2833939	0.03	68973

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST COBB DENTIST OFFICE, PC	81-5210441	0.06	244576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST LAWRENCE DENTISTRY, P.A.	83-2250535	0.07	279434
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST NASHVILLE SMILES DENTISTRY, PC	88-2472283	0.01	9642
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST PINES MODERN DENTISTRY, PA	82-1089818	0.02	105247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST PLANO MODERN DENTISTRY AND ORTHODONTICS, PC	27-4593376	0.06	595440
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST ROXBURY MODERN DENTISTRY, PC	93-1973343	0.00	2606
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST SUNRISE DENTISTRY, PA	47-4698313	0.04	87654
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTBOROUGH MODERN DENTISTRY, PC	83-2818229	0.00	1385
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTON MODERN DENTISTRY, PA	81-3787267	0.04	124024

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTPOINTE MODERN DENTISTRY, PC	27-3945392	0.06	179216
WESTSIDE MODERN DENTISTRY, PC	84-3898051	0.04	49447
WHITE BEAR DENTISTS, P.C.	81-1719751	0.10	378356
WILDWOOD DENTISTS, PA	81-0966671	0.10	241122
WILSONVILLE SMILES, PC	45-4722517	0.05	258323
WINDERMERE DENTAL GROUP, PC	47-4553474	0.00	21491
WINTER HAVEN MODERN DENTISTRY, PA	84-3753098	0.04	53838
WOLF RANCH DENTAL GROUP, PC	82-2047903	0.09	261986
WOODBRIIDGE DENTAL GROUP AND ORTHODONTICS, PC	27-1374795	0.03	199977

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODBURY SMILES DENTISTRY, P.C.	47-2728749	0.10	368745
WOODRUFF SMILES DENTISTRY, PC	84-2650580	0.02	44912
WOODS DENTAL GROUP AND ORTHODONTICS, PC	46-0692917	0.11	535528
WOODSTOCK DENTISTRY, PC	82-1437049	0.06	175057
WORKINGS AND LAMBRIDIS DENTAL CORPORATION	20-5023743	0.00	95043
WU AND NAJAFI DENTAL CORPORATION	84-3037048	0.00	58933
YASMIN EASLEY DENTAL CORPORATION	26-3363237	0.00	168365
YEAM EL DORADO MODERN DENTISTRY, PC	87-3750299	0.03	38512
YEATON AND MAR DENTAL CORPORATION	83-4375993	0.00	43448

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YEN AND DIMITRI DENTAL CORPORATION	82-1998005	0.00	199021
YIGE ZHAO DENTAL CORPORATION	84-2906789	0.00	73387
YIP HORIZON RIDGE MODERN DENTISTRY, PC	84-4827557	0.06	118737
YU MOUNTAIN DENTAL GROUP, PC	26-2260433	0.10	522978
YUN HWAN OH DENTAL CORPORATION	83-4398389	0.00	76548
ZAKLAMA AND GALSTYAN DENTAL CORPORATION	46-2733797	0.00	95699
ZAKLAMA DENTAL CORPORATION	33-0958377	0.00	149754

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID



PACIFIC
DENTAL SERVICES™

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**FINANCIAL STATEMENTS
DECEMBER 31, 2023**

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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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution 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 certifications, 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 - Supplementary Information Required by ERISA

The supplementary information listed in the table of contents as of and for the year ended December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 supplementary information, 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 supplementary information 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 supplementary information, other than the information in the supplementary information that agreed to or is derived from the certified investment information, is 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 supplementary information related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Winder, Inc.

Irvine, California
October 4, 2024

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2023	2022
ASSETS		
Investments, at fair value	\$ 430,786,206	\$ 325,741,048
Investment, at contract value	<u>12,045,346</u>	<u>15,379,648</u>
	<u>442,831,552</u>	<u>341,120,696</u>
 Receivables:		
Participant contributions	1,350,081	1,198,369
Notes receivable from participants	<u>11,340,464</u>	<u>8,724,452</u>
	<u>12,690,545</u>	<u>9,922,821</u>
	 <u>455,522,097</u>	 <u>351,043,517</u>
 LIABILITIES		
Excess contributions payable	54,099	18,241
Other liabilities	<u>-</u>	<u>1,714</u>
	<u>54,099</u>	<u>19,955</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 455,467,998</u></u>	 <u><u>\$ 351,023,562</u></u>

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
FOR THE YEAR ENDED DECEMBER 31, 2023**

ADDITIONS:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 65,161,426
Interest and dividends	936,089
	<u>66,097,515</u>

Interest income on notes receivable from participants	<u>610,947</u>
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Contributions:

Participant	63,102,279
Employer	10,501,940
Rollover	4,339,094
	<u>77,943,313</u>

Total Additions	<u>144,651,775</u>
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DEDUCTIONS:

Deductions from net assets attributed to:

Benefits paid to participants	38,788,458
Deemed distributions	86,049
Administrative expenses	1,332,832
Total Deductions	<u>40,207,339</u>

NET INCREASE	104,444,436
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NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR	<u>351,023,562</u>
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END OF YEAR	<u>\$ 455,467,998</u>
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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, 2023

NOTE 1 – Description of the Plan

The following description of the Pacific Dental Services, LLC 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 Pacific Dental Services, LLC and participating employers (collectively, the Company) who have completed one month of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors performance.

Contributions

Participants may elect to make pre-tax and after-tax (Roth) 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. 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 10% of compensation, unless the employee makes a new salary deferral election. The Plan provides for discretionary employer matching contributions. For 2023, 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 did not make any discretionary profit-sharing contributions during the year ended December 31, 2023. The Company's contributions are invested as directed by participants. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 1 – Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, as well as allocations of the Company's discretionary 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. A participant is 100% vested after six years of credited service.

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.

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 may elect to receive installment payments or a lump-sum distribution equal to the value of the vested interest in the participant's account.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023

NOTE 1 – Description of the Plan (Continued)

In-Service Withdrawals

Participants who are at least 59½ 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 are subject to a \$500 minimum, may only be drawn from a participant's vested account balance, and may be subjected to certain income tax penalties.

Forfeited Accounts

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$1,191,287 and \$1,602,776, respectively. Forfeited nonvested amounts may be first used to pay administrative expenses of the Plan. Any remaining forfeitures may be used to reduce company contributions into the Plan. During 2023, forfeited nonvested accounts of \$325,516 were used to pay administrative expenses of the Plan. Also in 2023, forfeited nonvested accounts of \$2,341,184 were used to reduce company contributions to 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 (U.S. GAAP) 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.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

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 2023 and 2022 excess contribution payable to the applicable participants in June 2024 and August 2023, respectively.

Payment of Benefits

Benefits are recorded when paid.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 4, 2024, 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, Fidelity Management Trust Company (Fidelity), the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplementary information is complete and accurate with respect to investments and notes receivable from participants:

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

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

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

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 under Topic 820 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.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023

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, 2023 and 2022.

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, corporate bond, preferred stock, and registered investment companies (mutual funds) are based on quoted prices at year-end and are actively traded.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 4 – Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,583,065	\$ -	\$ -	\$ 1,583,065
Mutual funds	37,617,460	-	-	37,617,460
Collective investment trusts	-	389,870,611	-	389,870,611
Self-directed brokerage account	1,715,070	-	-	1,715,070
Investments at fair value	<u>\$ 40,915,595</u>	<u>\$ 389,870,611</u>	<u>\$ -</u>	<u>\$ 430,786,206</u>

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 account	401,288	-	-	401,288
Investments at fair value	<u>\$ 320,779,102</u>	<u>\$ 4,961,946</u>	<u>\$ -</u>	<u>\$ 325,741,048</u>

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 5 – Fully Benefit-Responsive Interest Contract

The Plan invested in a fully benefit-responsive group annuity contract with a general account guarantee that provides a stated rate of return with Empower Annuity Insurance Company of America (Empower) totaling \$12,045,346 for 2023 and \$15,379,648 for 2022. Empower 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 contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and, therefore, is 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 Empower, 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.

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.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

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

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. Fidelity is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the trustee and recordkeeper of \$933,823, which was not covered by revenue sharing. The Plan also made a direct payment of \$300,000 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 employer 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; however, the plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 8 – Tax Status (Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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, 2023
EIN: 33-0681491
PLAN 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)	\$ 106,760	\$ -	\$ 106,760	\$ -	\$ -
(2)	15,980	-	15,980	-	-
(3)	2,590	2,590	-	-	-
	<u>\$ 125,330</u>	<u>\$ 2,590</u>	<u>122,740</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

- (1) Contributions transferred late during the 2022 plan year. Lost earnings were restored to the Plan in 2023.
- (2) Contributions transferred late during the 2023 plan year. Lost earnings were restored to the Plan in 2023.
- (3) Contributions transferred late during the 2023 plan year. Lost earnings were restored to the Plan in 2024.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2023
EIN: 33-0681491
PLAN 001

Identity of Issuer	Description of Investment	Current Value
* Fidelity Stif	Interest-Bearing Cash	\$ 325,783
Vang Vmmr-Fed Mmkt	Interest-Bearing Cash	1,257,282
		<u>1,583,065</u>
Harbor Cap App Ret	Mutual Fund	5,000,421
Blkrk Hlth Sci Opp K	Mutual Fund	1,744,647
MFS Mid Cap Value R6	Mutual Fund	549,148
Metwest Tot Rtn Bd P	Mutual Fund	196,170
AF New World R6	Mutual Fund	371,303
Victory S Sm Co Op I	Mutual Fund	428,856
Blkrk Infl Pro Bd K	Mutual Fund	271,820
* FID US Bond Idx	Mutual Fund	784,257
* FID 500 Index	Mutual Fund	22,391,039
* FID Mid Cap Idx	Mutual Fund	1,920,087
* FID Real Estate Idx	Mutual Fund	409,893
* FID Sm Cap Idx	Mutual Fund	1,686,362
* FID Intl Index	Mutual Fund	1,863,457
		<u>37,617,460</u>
Ab US Sm Cap Grth S	Collective Investment Trust	26,827
Ivy Mid Cap Growth C	Collective Investment Trust	246,529
Gg Trp Stable Val S	Collective Investment Trust	2,074,396
Putn Lg Cp Val Tr Ia	Collective Investment Trust	2,402,285
Vanguard Target Inc	Collective Investment Trust	1,240,968
Vanguard Target 2020	Collective Investment Trust	2,213,126
Vanguard Target 2025	Collective Investment Trust	10,653,324
Vanguard Target 2030	Collective Investment Trust	26,585,782
Vanguard Target 2035	Collective Investment Trust	36,224,532

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, 2023
EIN: 33-0681491
PLAN 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
Vanguard Target 2040	Collective Investment Trust	48,431,385
Vanguard Target 2045	Collective Investment Trust	72,369,191
Vanguard Target 2050	Collective Investment Trust	77,582,656
Vanguard Target 2055	Collective Investment Trust	65,003,252
Vanguard Target 2060	Collective Investment Trust	33,658,780
Vanguard Target 2065	Collective Investment Trust	10,739,147
Vanguard Target 2070	Collective Investment Trust	211,166
Cb Intl Growth S1	Collective Investment Trust	207,265
		<u>389,870,611</u>
* Fidelity Self-Directed Brokeragelink Accounts	Interest-Bearing Cash, Common Stock, Corporate Bond, Preferred Stock, and Registered Investment Companies	<u>1,715,070</u>
* Empower Fixed Income Investment Option	Guaranteed Interest Contract	<u>12,045,346</u>
* Notes receivable from participants	4.25% - 9.50%	<u>11,340,464</u>
		<u>\$ 454,172,016</u>

* Indicates party-in-interest

See Independent Auditors' Report

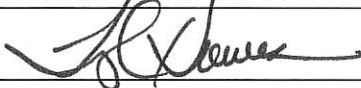
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan PACIFIC DENTAL SERVICES, LLC 401 (K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Pacific Dental Services, LLC 17000 Red Hill Avenue Irvine CA 92614	2b Employer Identification Number (EIN) 33-0681491
	2c Plan Sponsor's telephone number 714-845-8500
	2d Business code (see instructions) 551112

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

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

SIGN HERE		10/7/24	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 ☒ 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 16,900
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 12,260 6a(2) 13,344 6b 0 6c 5,220 6d 18,564 6e 5 6f 18,569 6g(1) 16,572 6g(2) 18,226 6h 3,208
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☒ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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, 2023
EIN: 33-0681491
PLAN 001

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(2)	15,980	-	15,980	-	-
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	<u>\$ 125,330</u>	<u>\$ 2,590</u>	<u>122,740</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

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PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
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DECEMBER 31, 2023
EIN: 33-0681491
PLAN 001

Identity of Issuer	Description of Investment	Current Value
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		<u>1,583,065</u>
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PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2023
EIN: 33-0681491
PLAN 001
(Continued)

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* Indicates party-in-interest

See Independent Auditors' Report