

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 PDS HEALTH 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.	10/07/2025	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	18569	
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) 13344	
	6a(2) 14564	6b 0	
	6c 4375	6d 18939	
	6e 23	6f 18962	
	6g(1) 18226	6g(2) 18962	
	6h 4009		
	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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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	422	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	12045346
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	189102
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	189102
d Total of balance and additions (add lines 7b and 7c(6))	7d	12234448
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	398116
(2) Administration charge made by carrier.....	7e(2)	21131
(3) Transferred to separate account	7e(3)	2342778
(4) Other (specify below)..... ▶ LOANS ISSUED	7e(4)	98679
(5) Total deductions	7e(5)	2860704
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	9373744

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. Specify nature of costs.	10b	

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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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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-----	--

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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	1164687	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	370015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	38762	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)

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	33510	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 14785 PRESTON ROAD 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
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.
BAIRD CORE PLUS INST-US BANCORP FD 39-0281260	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.
BAIRD AGGREGATE BOND FD INSTL 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.03 BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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.
EUROPAC GOLD FD CL I LOTS 81 82 ST C DORADO, PR 00646	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PACIFIC DENTAL SERVICES, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PACIFIC DENTAL SERVICES, LLC		D Employer Identification Number (EIN) 33-0681491
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE CIT		
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY LLC		
c EIN-PN 82-3639536-275	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4181033
a Name of MTIA, CCT, PSA, or 103-12 IE: AB US SMALL CAP GROWTH CIT		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN LP		
c EIN-PN 04-6948485-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY MID CAP GROWTH CIT		
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY		
c EIN-PN 41-0417830-063	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 476853
a Name of MTIA, CCT, PSA, or 103-12 IE: CB INTERNATIONAL GROWTH CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, NA		
c EIN-PN 82-3125078-346	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162748
a Name of MTIA, CCT, PSA, or 103-12 IE: GG TRP STABLE VALUE CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, NA		
c EIN-PN 86-1182766-655	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1932659
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083968-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1342066
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083983-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2284504
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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) 10209242
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) 29529922
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) 41596043
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) 56321060
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) 85154535
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) 95499113
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) 82098735
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) 48367635
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) 17502070
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) 1565595

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	88117
(2) Participant contributions.....	1b(2)	1350081	38585
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2151467	2017195
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3595	3583
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	12528	20390
(B) Common	1c(4)(B)	557735	1445923
(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)	11340464	13814245
(9) Value of interest in common/collective trusts	1c(9)	389870610	478223813
(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)	38190271	60354738
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12045346	9373744
(15) Other.....	1c(15)	0	-33874

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	455522097	565346459
Liabilities			
g Benefit claims payable.....	1g	54099	23759
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	54099	23759
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	455467998	565322700

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)	11148186	
(B) Participants.....	2a(1)(B)	75000738	
(C) Others (including rollovers).....	2a(1)(C)	4784373	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		90933297
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	123697	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	231	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1007100	
(F) Other.....	2b(1)(F)	72294	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1203322
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	1644	
(B) Common stock.....	2b(2)(B)	6927	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1871088	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		1879659
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	1392744	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1474690	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-81946
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	385896	
(B) Other.....	2b(5)(B)		
(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)		54282474
(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)		7320473
c Other income	2c		175971
d Total income. Add all income amounts in column (b) and enter total	2d		156099146

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44544867	
(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)		44544867
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		92603
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	371515	
(3) Recordkeeping fees	2i(3)	1163187	
(4) IQPA audit fees	2i(4)	38762	
(5) Investment advisory and investment management fees	2i(5)	33510	
(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)		1606974
j Total expenses. Add all expense amounts in column (b) and enter total	2j		46244444

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		109854702
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.)	☒	☐	38425
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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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
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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.)
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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
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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
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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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)..... 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)..... 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).....	14a 14b 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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 ABRAMS AND LEE DENTAL CORPORATION	2b EIN 83-1669265	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 83004
2a Name of Participating Employer ACWORTH SMILES DENTISTRY, PC	2b EIN 47-1167767	2c Percentage of Total Contributions for the Plan Year 0.03	2d Aggregate Account Balances Attributable to Participating Employer 157424

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	

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
ADAM BATTAGLIA, D.M.D., WATER TOWER DENTAL GROUP, P.C.	46-4769142	0.14	672766
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 AND AMARDEEP GILL DENTAL CORPORATION	46-1122636	0.00	187372
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	384199
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	88-2330194	0.02	25422
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	0.02	11026
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	0.02	111841
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	113580
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., INC.	04-3665603	0.00	591867
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., WHITE OAK DENTAL GROUP, P.C.	82-1798585	0.05	157194

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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
ALEX SHARIFIAN DDS NETWORK OF MIDWEST DENTAL PROVIDERS PC	47-3608603	0.22	786039
ALEX SHARIFIAN, D.D.S., CREVE COEUR DENTISTRY, P.C.	47-2820065	0.09	349556
ALEX SHARIFIAN, D.D.S., FRANCIS PARK DENTISTRY, P.C.	46-3543392	0.02	102145
ALEX SHARIFIAN, D.D.S., LINDENWOOD DENTISTRY, P.C.	81-2845588	0.04	120225
ALEX SHARIFIAN, D.D.S., MEHLVILLE MODERN DENTISTRY, P.C.	46-3074312	0.00	165177
ALEX SHARIFIAN, D.D.S., ROCK HILL DENTISTRY, P.C.	82-1111316	0.02	77044
ALEXANDER TRAN DENTAL CORPORATION	82-5286485	0.00	131936
ALI JADALI-ARAGHI, D.M.D., INC.	87-0690293	0.00	249234
ALI SHAHRESTANI, D.M.D., PLLC	86-3952535	0.09	259713

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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
ALI SHAHRESTANI, D.M.D., PLLC	86-3952535	0.00	421
2a Name of Participating Employer AL-KHOURI AND ARIANNEJAD DENTAL CORPORATION	84-2249108	0.00	24241
2a Name of Participating Employer ALTAMONTE SPRINGS DENTAL GROUP, PA	93-1709751	0.03	26457
2a Name of Participating Employer ALUBAIDI DENTAL CORPORATION	45-1148679	0.00	324643
2a Name of Participating Employer ALVARADO AND PHAM DENTAL CORPORATION	46-3930210	0.00	206811
2a Name of Participating Employer AMARDEEP GILL AND REYMOND BAUTISTA DENTAL CORPORATION	82-3053885	0.00	55391
2a Name of Participating Employer AMEZCUA DENTAL CORPORATION	20-4515941	0.00	274940
2a Name of Participating Employer ANTIOCH DENTISTRY, P.A.	47-0968882	0.08	375008
2a Name of Participating Employer ANTONO TEANG DENTAL CORPORATION	47-5333463	0.00	127182

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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
APOLLO BEACH MODERN DENTISTRY, PA	87-3215474	0.06	188949
APPLE VALLEY MODERN DENTISTRY, PC	93-2167104	0.03	35345
ARBORS MODERN DENTISTRY, PC	45-3694561	0.00	71242
ARIANNEJAD AND PHAM DENTAL CORPORATION	81-3953595	0.00	244984
ARIANNEJAD DENTAL CORPORATION	61-1683164	0.00	368916
ARIELLA PESSAH DENTAL CORPORATION	47-4917892	0.00	300710
ARLINGTON MODERN DENTISTRY, PC	87-3434440	0.04	92031
ARSENAL MODERN DENTISTRY, PC	93-1574518	0.03	29391
ASPEN HILL MODERN DENTISTRY, LLC	88-2933820	0.03	42799

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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
ATASCOCITA MODERN DENTISTRY AND ORTHODONTICS, PC	45-4857304	0.18	1448673
AUSTELL SMILES DENTISTRY, PC	47-2300267	0.07	366816
AUSTIN MODERN DENTISTRY, PC	27-3921025	0.06	236215
AWAD DENTAL CORPORATION	47-3647973	0.00	259853
AZ REGIONAL DENTAL SERVICES LLC	27-0260005	5.03	31152556
BABAK ARIANNEJAD DENTAL CORPORATION	47-3647011	0.00	185162
BACH NGUYEN DENTAL CORPORATION	27-3780007	0.00	736851
BACH XUAN NGUYEN DENTAL CORPORATION	46-3718652	0.00	291071
BANDERA MODERN DENTISTRY, PC	45-4864532	0.09	646800

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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
BASTROP MODERN DENTISTRY, PC	81-3753047	0.05	185723
BAUTISTA AND GILL DENTAL CORPORATION	26-3362928	0.00	313931
BAYTOWN MODERN DENTISTRY, PC	81-1718687	0.03	172508
BEE COUNTRY MODERN DENTISTRY AND ORTHODONTICS, PC	46-2403883	0.06	252310
BERRY HILL DENTAL GROUP, PC	86-1498111	0.05	127084
BHATIA AND SHETTY DENTAL CORPORATION	45-2957650	0.00	805915
BLACK AND TO DENTAL CORPORATION	45-4958578	0.00	208193
BLAINE DENTISTRY, PC	47-2006348	0.08	276356
BLOOMINGTON SMILES DENTISTRY, PC	81-0979668	0.06	625268

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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
BLUHAWK DENTAL GROUP, P.A.	81-4846630	0.07	382905
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOCASH AND NOSTI DENTAL CORPORATION	27-0837949	0.00	126509
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOCASH AND SHARIFIAN DENTAL CORPORATION	20-0571325	0.00	115748
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOYNTON BEACH MODERN DENTISTRY, PA	83-4320921	0.01	56630
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOYNTON MALL MODERN DENTISTRY, PA	99-0922619	0.00	285
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRANDON MODERN DENTISTRY, PA	84-2176393	0.04	109358
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAR DENTAL CORPORATION	83-2233989	0.00	90827
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 WATANABE, DDS MANCHESTER DENTAL GROUP, PC	47-3644836	0.00	105274
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIARGROVE SMILES DENTISTRY, PC	46-3786113	0.05	383752

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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
BRINGHURST RAINSPRINGS DENTAL GROUP, PC	20-5337268	0.05	337298
BRISTOW FOUNTAIN DENTISTRY, PC	83-4676111	0.02	63965
BROOKRIDGE DENTISTRY, P.A.	83-0744478	0.05	146967
BROWN NORTH LAS VEGAS MODERN DENTISTRY, PC	99-3599074	0.00	3725
BROWN SPRING VALLEY MODERN DENTISTRY, PC	87-4020583	0.04	110714
BRYAN MODERN DENTISTRY, PC	47-1896219	0.08	265555
BRYAN SHEWANICK, D.D.S., BLUE SPRINGS DENTISTRY, P.C.	46-5555903	0.06	409629
BRYAN WATANABE, D.D.S., CHESTERFIELD SMILES DENTISTRY, P.C.	81-0774289	0.01	58556
BRYAN WATANABE, D.D.S., LADUE DENTAL GROUP, P.C.	47-3141747	0.03	177988

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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
BRYANT VEST DENTAL CORPORATION	20-4320765	0.00	726471
BUEHLER AND REAGAN DENTAL CORPORATION	06-1641372	0.00	216096
BUKI AJAYI DENTAL CORPORATION	20-3463405	0.00	381613
BULVERDE DENTISTRY, PC	81-5320085	0.11	421669
BURLESON MODERN DENTISTRY, PC	27-3119419	0.08	712764
BURLINGTON DENTIST OFFICE, PC	83-3256891	0.03	129213
BUSH GREEN VALLEY MODERN DENTISTRY, PC	47-5009169	0.07	683077
CAITLIN CHIDSEY, D.M.D., MADISON DENTAL GROUP, P.C.	46-3664805	0.03	221210
CALICDAN AND GILL DENTAL CORPORATION	83-3630652	0.00	68224

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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
CAMACHO AND ZAKLAMA DENTAL CORPORATION	86-3234679	0.00	4574
CANTON MODERN DENTISTRY, PC	88-2115012	0.03	57668
CANTON SMILES DENTISTRY, PC	46-3459178	0.06	434337
CAROLYN GHAZAL AND ASHLYN GHAZAL DENTAL CORPORATION	26-4309611	0.00	531873
CAROLYN GHAZAL AND MINH PHAM DENTAL CORPORATION	26-3668145	0.00	677925
CARROLLTON MODERN DENTISTRY, PC	27-2717368	0.02	165715
CARTER SPRINGDALE MODERN DENTISTRY, PC, INC.	83-4053462	0.04	84930
CARTERSVILLE DENTIST OFFICE, PC	81-4390471	0.04	420146
CASTLE HILLS SMILES DENTISTRY, PC	47-3351185	0.00	6454

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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	0.07	287597
CEDAR HILLS MODERN DENTISTRY, PC	82-2973210	0.07	252646
CEDAR PARK MODERN DENTISTRY, PC	27-2952453	0.08	707078
CELESTE EDWARDS, D.D.S., WESTBANK DENTISTRY, A P.C.	93-3134284	0.04	32666
CHAMPIONS MODERN DENTISTRY, PC	46-3735422	0.07	245347
CHAMPLIN DENTISTRY, P.C.	47-5351948	0.04	276825
CHANHASSEN SMILES DENTISTRY, P.C.	47-4701375	0.00	7051
CHANTILLY MODERN DENTISTRY, PC	82-5266973	0.05	174816
CHAPIN SMILES DENTISTRY, PC	83-3120460	0.06	176761

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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
CHASKA COMMONS DENTAL GROUP, PC	46-5692444	0.05	369553
CHASTAIN PARK DENTISTRY, PC	81-1487408	0.01	80605
CHELMSFORD MODERN DENTISTRY, PC	86-3653854	0.03	77140
CHERYL TRAN DENTAL CORPORATION	27-3506491	0.00	302961
CHEUNG DENTAL CORPORATION	33-0979403	0.00	412191
CHOKKA AND GHAZAL DENTAL CORPORATION	26-3869028	0.00	405893
CHRISTINE WALTERS, D.D.S., JUBAN CROSSING MODERN DENTISTRY, A PC	47-5186973	0.06	369562
CHRISTOPHER C. OATES, D.D.S., INC.	46-2769812	0.00	491116
CHU AND WATANABE DENTAL CORPORATION	20-4185434	0.00	312762

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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	656243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIBOLO MODERN DENTISTRY, PC	99-2822551	0.01	15477
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLACKAMAS SQUARE DENTAL GROUP, PC	46-3975863	0.00	862
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLARKSVILLE MODERN DENTISTRY, PC	81-4600272	0.07	338466
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEAR LAKE MODERN DENTISTRY, PC	45-3080175	0.07	425060
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEARWATER MODERN DENTISTRY, PA	86-2155228	0.02	42870
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEMENT RAINBOW MODERN DENTISTRY, PC	92-1928349	0.02	37813
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEMSON MODERN DENTISTRY, PC	86-3270868	0.03	84530
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLERMONT MODERN DENTISTRY, PA	87-3230141	0.03	131969

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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
CLERMONT SMILES DENTISTRY, PA	81-3799409	0.04	201009
CLINT WALKER DENTAL CORPORATION	82-5209752	0.00	100794
CLINTON PARK DENTAL CORPORATION	26-4060984	0.00	170393
CLINTON PARK, D.D.S., INC.	20-3642955	0.00	570983
COLLEGE STATION MODERN DENTISTRY, PC	47-1879889	0.10	578779
COLUMBIA HEIGHTS DENTISTRY, PC	81-0963850	0.07	181465
CONLON DENTAL CORPORATION	83-3104783	0.00	42417
CONYERS SMILES DENTISTRY, PC	47-1978610	0.09	333889
COOL SPRINGS MODERN DENTISTRY, PC	83-2990701	0.05	148620

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COON RAPIDS MODERN DENTISTRY, PC	92-1526145	0.03	45376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPPELL MODERN DENTISTRY, PC	27-3920723	0.05	385465
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	33408
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	151531
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	0.03	58069
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	0.03	148977
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	0.06	262278
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	742024
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	16593

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Part II Participating Employer Information (Continued).

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CYPRESS CROSSROADS DENTAL GROUP, PC	47-2352810	0.03	126633
CYPRESS DENTAL GROUP AND ORTHODONTICS, PC	45-4891598	0.04	219818
CYPRESS SPRINGS DENTISTRY, PC	47-1193430	0.06	302401
DANG AND GILL DENTAL CORPORATION	82-2596314	0.00	53514
DANIELS MODERN DENTISTRY, PA	83-0541772	0.04	260687
DARREN DO DENTAL CORPORATION	20-1178061	0.00	344489
DAVENPORT MODERN DENTISTRY, PA	84-3251943	0.09	634789
DAVID CHON DENTAL CORPORATION	81-4407998	0.00	100092
DAVID KIM DENTAL CORPORATION	47-5350235	0.00	68381

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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
DAVIE MODERN DENTISTRY, PA	81-1451906	0.05	186325
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	359309
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	0.03	129733
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEEPIKA DHAMA DENTAL CORPORATION	20-3355698	0.00	1059200
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEERFIELD MODERN DENTISTRY, PA	85-0544449	0.03	82656
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTAL CORPORATION OF AHMAD MOKBIL	87-1946556	0.00	329
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTAL CORPORATION OF DEEPIKA DHAMA	20-3036625	0.00	139070
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTAL CORPORATION OF DHAVAL PATEL	20-1511064	0.00	1732598
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENTAL CORPORATION OF GILL AND MOKBIL	20-4185758	0.00	272911

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DENTAL CORPORATION OF JADE GILBERT	46-2733797	0.00	105106
DENTAL CORPORATION OF JASON LEE	90-0359077	0.00	232690
DENTAL CORPORATION OF JEDEDIAH HUSS	46-2185544	0.00	135802
DENTAL CORPORATION OF KELLY Y. KIM	20-3065295	0.00	421969
DENTAL CORPORATION OF RITESH KUMAR	45-3010276	0.00	104021
DENTAL CORPORATION OF SANAZ KHALEGHI	83-1571205	0.00	60764
DENTAL CORPORATION OF SOLAIMAN TEHRANI	20-4624633	0.00	459422
DENTAL OFFICE OF PROSPER, PC	82-2444735	0.09	297684
DENTISTS AT BIG BEND, PA	99-4488299	0.00	1913

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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	0.11	220831
DENTISTS AT LAKEWOOD RANCH, PA	92-2904258	0.01	15772
DENTISTS AT MIDTOWN, PA	83-3631701	0.07	237768
DENTISTS AT WESTCHASE, P.A.	83-1669741	0.05	334930
DENTISTS OF ARLINGTON, PC	83-1952399	0.06	107163
DENTISTS OF ATTLEBORO, PC	82-3436179	0.06	198257
DENTISTS OF BARFIELD, PC	99-1265860	0.01	7912
DENTISTS OF BELLEVUE, PC	82-2052233	0.04	215277
DENTISTS OF BOCA VILLAGE, PA	88-1137804	0.02	28812

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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 BOISE AND ORTHODONTICS, PC	84-4879131	0.02	94584
DENTISTS OF BUFORD, PC	82-4414030	0.04	147339
DENTISTS OF CHAMBLEE, PC	81-4375407	0.00	22766
DENTISTS OF CORAL GABLES, PA	83-1442742	0.01	112174
DENTISTS OF DAVENPORT, PA	93-4777495	0.00	1748
DENTISTS OF DEVINE, PC	84-5164166	0.00	22055
DENTISTS OF DORAL, PA	84-3572124	0.04	122525
DENTISTS OF EAGLE MOUNTAIN, PC	82-1095297	0.04	158279
DENTISTS OF EAST BRAINERD, PC	84-2523780	0.05	121955

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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 EDEN PRAIRIE, P.C.	81-4729852	0.07	186644
DENTISTS OF FLOWER MOUND, PC	27-1374563	0.00	22679
DENTISTS OF FORT BEND, PC	82-3049742	0.10	398774
DENTISTS OF FORT LAUDERDALE, PA	83-3631193	0.03	81483
DENTISTS OF FORT MYERS, PA	88-2686225	0.03	51525
DENTISTS OF GAINESVILLE, PC	82-1096595	0.05	211111
DENTISTS OF HANOVER, PC	83-1097471	0.04	103777
DENTISTS OF HIGHLAND PARK, PC	82-2887828	0.07	332701
DENTISTS OF HOLLYWOOD, PA	87-4294529	0.03	70155

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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
DENTISTS OF HUDSON OAKS AND ORTHODONTICS, PC	84-2249715	0.05	209329
DENTISTS OF KATY PARK, PC	99-4387027	0.00	1458
DENTISTS OF LAKE WORTH, PC	82-4232158	0.04	194822
DENTISTS OF LAKELAND, PA	82-5100089	0.06	228827
DENTISTS OF LENEXA, P.A.	87-1834790	0.07	195414
DENTISTS OF LEXINGTON, PC	82-3018524	0.06	259227
DENTISTS OF MAGNOLIA, PC	93-3869977	0.02	23276
DENTISTS OF MANSFIELD, PC	83-1931247	0.06	147084
DENTISTS OF MELBOURNE, PA	82-4030927	0.02	59580

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DENTISTS OF MIAMI GARDENS, PA	84-4874848	0.03	74611
DENTISTS OF MIDLOTHIAN AND ORTHODONTICS, PC	82-5283267	0.11	246662
DENTISTS OF MITCHELL RANCH, PA	86-2122459	0.03	55695
DENTISTS OF MONTGOMERY, PC	82-2990081	0.11	341914
DENTISTS OF MOORE AND ORTHODONTICS, PC	85-1864662	0.00	176
DENTISTS OF NONA, PA	85-2905376	0.06	224525
DENTISTS OF NORTHPARK, PC	86-2745072	0.01	45454
DENTISTS OF OAKLAND PARK, PA	88-2731861	0.03	82302
DENTISTS OF OCOEE, PA	84-2507350	0.05	206584

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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 OKLAHOMA CITY, PC	85-3267465	0.00	0
DENTISTS OF PALM BEACH GARDENS, PA	83-2253738	0.06	147497
DENTISTS OF PINES, PA	82-5090576	0.05	232028
DENTISTS OF PORT CHARLOTTE, PA	84-3026378	0.04	86817
DENTISTS OF RICHMOND, PC	88-1858633	0.04	89855
DENTISTS OF RIVERSTONE, PC	83-3313266	0.05	184417
DENTISTS OF RIVERVIEW, PA	83-1530206	0.03	80710
DENTISTS OF ROWLETT, PC	84-2847758	0.03	82037
DENTISTS OF ROYAL PALM, PA	83-4369457	0.02	93894

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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 SANFORD, PA	83-4612870	0.02	49899
DENTISTS OF SAVAGE, P.C.	81-3844114	0.02	58091
DENTISTS OF SILVER SPRING, LLC	85-2965662	0.09	253429
DENTISTS OF SOUTH NAPLES, PA	83-1572005	0.08	219719
DENTISTS OF STERLING, PC	82-0855743	0.04	135938
DENTISTS OF STICKNEY POINT, PA	88-2958086	0.03	35410
DENTISTS OF STONE OAK, PC	83-2253525	0.05	207487
DENTISTS OF VISTA, PA	99-4608689	0.00	790
DENTISTS OF WACO, PC	84-3306537	0.02	86388

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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
DENTISTS OF WEST ASHLEY, PC	99-1022811	0.01	7056
DENTISTS OF WEST COLUMBIA, PC	83-1443647	0.03	95103
DENTISTS OF WEST ST. PAUL, PC	88-2084946	0.03	59254
DENTISTS OF WHITE ROCK, PC	84-3347969	0.05	266322
DENTISTS OF WINTER PARK, PA	84-2507489	0.03	167093
DENTISTS OF WINTER SPRINGS, PA	83-1095622	0.03	59276
DENTISTS OF WOODBURY, PC	83-3401191	0.08	243104
DENTON MODERN DENTISTRY AND ORTHODONTICS, PC	47-1433162	0.05	120282
DERBY MODERN DENTISTRY, P.A.	83-3567951	0.05	124884

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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
DHAMA AND KADAKIA DENTAL CORPORATION	06-1641366	0.00	481156
DIANA DO-YABUT DENTAL CORPORATION	20-1868462	0.00	920591
DIMITRI DENTAL CORPORATION	20-1308475	0.00	433900
DINEA-BERCI DENTAL CORPORATION	47-2667783	0.00	115497
DOCTOR PHILLIPS MODERN DENTISTRY, PA	81-1949110	0.03	266522
DONELSON SMILES DENTISTRY, PC	47-4052054	0.04	177866
DO-YABUT AND TRAN DENTAL CORPORATION	20-1795401	0.00	313424
EAGAN SMILES DENTISTRY, P.C.	47-4832628	0.05	153404
EAGLE SMILES DENTISTRY AND ORTHODONTICS, PC	46-1799098	0.05	298390

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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	1139311
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	0.03	177349
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	159965
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	260226
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	439439
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	791920
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	88-2749229	0.03	44508
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMILY WU DENTAL CORPORATION	47-1581770	0.00	348098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENDODONTICS HEALTH GROUP-GA, PC	93-4028829	0.03	27616

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ENTABI DENTAL CORPORATION	27-2554720	0.00	422149
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	127438
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	0.04	306215
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	132304
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	0.08	361601
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	0.03	100166
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	22405
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	0.06	161907
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	289026

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FARRAGUT MODERN DENTISTRY, PC	83-2993131	0.06	215738
FAYETTEVILLE SMILES DENTISTRY, PC	47-2283359	0.05	152242
FEDOR DENTAL CORPORATION	83-1056779	0.00	51701
FIREWHEEL MODERN DENTISTRY, PC	46-3809450	0.07	499098
FISHHAWK MODERN DENTISTRY, PA	84-3695479	0.00	1190
FLORENCE SMILES DENTISTRY, PLLC	84-4533929	0.04	62492
FONTAINEBLEAU DENTISTRY, PA	81-0802675	0.08	368295
FORNEY MODERN DENTISTRY AND ORTHODONTICS, PC	27-0777146	0.14	858292
FORT MILL SMILES DENTISTRY, PC	86-3212650	0.03	59117

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FORT MYERS MODERN DENTISTRY, PA	99-2973472	0.00	4417
FOXCHASE DENTAL GROUP, PC	87-4591254	0.05	65326
FRAMINGHAM MODERN DENTISTRY, PC	99-0636307	0.02	14761
FREDERICKA SALBO	20-3200949	0.00	1036567
FREDERICKA SALBO, D.M.D., ENDODONTICS HEALTH GROUP-LA, A P.C.	99-3626126	0.00	0
FREEMAN LAS VEGAS MODERN DENTISTRY, PC	45-2993092	0.14	1274946
FRIENDSWOOD MODERN DENTISTRY, PC	47-5186364	0.09	328494
FRISCO CROSSING DENTAL GROUP AND ORTHODONTICS, PC	84-4688954	0.04	130154
FRISCO CUSTER STAR DENTAL GROUP, PC	27-3959669	0.07	461355

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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
FULSHEAR MODERN DENTISTRY, PC	81-3802222	0.04	197379
GAFFINO AND REAGAN DENTAL CORPORATION	45-2827534	0.00	277791
GAITHERSBURG MODERN DENTISTRY, LLC	93-2331125	0.02	18535
GALLATIN SMILES DENTISTRY, PC	81-2834429	0.03	110955
GERALD LOPEZ DENTAL CORPORATION	26-1379538	0.00	835299
GERALD LOPEZ, D.D.S., INC.	26-1379336	0.00	489857
GHAZAL DENTAL CORPORATION	33-0958380	0.00	1186820
GHAZAL RODGERS AND WATANABE DENTAL CORPORATION	47-5426970	18.98	57324719
GILL AND BAUTISTA DENTAL CORPORATION	45-3982436	0.00	357058

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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
GILL AND MACCHIARELLA DENTAL CORPORATION	27-1713054	0.00	1050095
GILL AND SAMBANGI DENTAL CORPORATION	33-0958384	0.00	1150365
GILL PROFESSIONAL DENTAL CORPORATION	26-1379128	0.00	761439
GISELLE MAR DENTAL CORPORATION	77-0505368	0.00	708549
GLADE MODERN DENTISTRY AND ORTHODONTICS, PC	46-2664322	0.04	196077
GLADSTONE SMILES DENTISTRY, PC	83-0782916	0.00	49796
GLENWOOD PARK DENTISTRY, PC	81-2613261	0.05	318656
GOGILTAN-WAXLER AND SETAREH DENTAL CORPORATION	20-4184647	0.00	507222
GRACE MIN DENTAL CORPORATION	47-3082042	0.00	64412

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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
GRAND LAKES DENTAL GROUP AND ORTHODONTICS, PC	46-1571183	0.04	221865
GRAND PRAIRIE MODERN DENTISTRY, PC	84-3153685	0.03	48516
GRANT PARK DENTISTRY, PC	47-3368419	0.06	175062
GRESHAM MODERN DENTISTRY, PC	46-1574093	0.05	283091
GUEVARA-LARA DENTAL CORPORATION	84-3088015	0.00	26416
GULATI HIGHLANDS DENTISTRY, PC	84-4715776	0.06	221519
GURON DENTISTS OF SPRING VALLEY, PC	81-4017924	0.04	151791
GURU WEST CHESTER MODERN DENTISTRY PC, INC.	84-5177140	0.05	502666
HABASHI DENTAL CORPORATION	20-2743030	0.00	328033

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Part II Participating Employer Information (Continued).

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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
HALIE GULLEY, D.D.S., O'FALLON MODERN DENTISTRY, PC	46-3537630	0.08	430992
HAMBIK OKTANYAN DENTAL CORPORATION	20-8337771	0.00	535531
HANOVER SMILES DENTAL GROUP AND ORTHODONTICS, PC	46-2180298	0.04	171128
HAPPY VALLEY MODERN DENTISTRY, PC	88-1100632	0.02	17893
HARPER'S PRESERVE DENTISTRY, PC	84-3051844	0.05	143281
HARRINGTON LEMMON VALLEY DENTAL GROUP, PC	47-4661062	0.07	578841
HARRIS SPRING DENTAL GROUP, PC	46-5160988	0.06	378628
HEJAZI DENTAL CORPORATION	82-3554326	0.00	109291
HENDERSONVILLE SMILES DENTISTRY, PC	82-1439729	0.02	60885

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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
HENRY NGUYEN DENTAL CORPORATION	47-3647384	0.00	207424
HERITAGE MODERN DENTISTRY, PC	45-4229579	0.07	635951
HERMITAGE MODERN DENTISTRY, PC	86-3767081	0.03	81599
HERNANDEZ AND ZAKLAMA DENTAL CORPORATION	33-0958377	0.00	159108
HERNANDEZ ROCKSPRINGS DENTAL GROUP, PC	20-5338830	0.02	379637
HERNDON MODERN DENTISTRY, PC	84-3564401	0.03	52073
HICKORY CREEK DENTAL GROUP AND ORTHODONTICS, PC	27-0744922	0.07	259568
HICKORY PLAZA DENTAL GROUP, PC	87-0883538	0.02	30292
HILLSBORO DENTIST OFFICE, PC	82-2051540	0.02	57084

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HILLSBORO MODERN DENTISTRY, PC	46-4246016	0.12	384838
HILLTOP SMILES, PC	45-5395657	0.05	468332
HINDERBERGER DENTAL CORPORATION	84-2205686	0.00	69883
HIRAM DENTAL GROUP, PC	46-5352404	0.07	394903
HOMESTEAD MODERN DENTISTRY, PA	84-3871037	0.04	132054
HOOSHYAR SPARKS MARINA DENTISTRY, PC	47-3817118	0.02	116242
HOPKINS CROSSROADS DENTISTRY, PC	84-4679922	0.02	57053
HOYLE DENTISTS OF GREEN VALLEY, PC	33-1417288	0.00	724
HSIEH AND ABDELKARIM DENTAL CORPORATION	46-2684206	0.00	374270

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HSIEH AND CHUNG DENTAL CORPORATION	26-0867494	0.00	366886
HULEN MODERN DENTISTRY, PC	27-2953792	0.02	276290
HURST MODERN DENTISTRY AND ORTHODONTICS, PC	99-1500502	0.01	12534
HUTTO MODERN DENTISTRY, PC	81-3882878	0.03	84696
HUYNH AND HABASHI DENTAL CORPORATION	81-3383755	0.00	143642
HUYNH AND WATANABE DENTAL CORPORATION	20-1783257	0.00	626925
INAKSH JOHAL DENTAL CORPORATION	26-0189776	0.00	723667
IOWA STREET DENTAL GROUP, P.A.	88-3113191	0.05	90870
JACKSON AND AULICK DENTAL CORPORATION	75-3074597	0.00	744269

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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 LEE DENTAL CORPORATION	20-5700093	0.00	273626
2a Name of Participating Employer JACOB DENT, D.D.S., BATON ROUGE MODERN DENTISTRY, A P.C.	81-3442396	0.04	70646
2a Name of Participating Employer JACOB DENT, D.D.S., COVINGTON DENTAL GROUP, A P.C.	93-2736064	0.02	15179
2a Name of Participating Employer JACOB DENT, D.D.S., DENTISTS OF LAKE CHARLES, A P.C.	82-3017360	0.09	420336
2a Name of Participating Employer JACOB DENT, D.D.S., DENTISTS OF MANDEVILLE, A P.C.	84-3796016	0.00	68082
2a Name of Participating Employer JACOB DENT, D.D.S., DENTISTS OF METAIRIE, A P.C.	84-3352434	0.05	195996
2a Name of Participating Employer JACOB DENT, D.D.S., MILLERVILLE DENTAL GROUP, PC	82-3005362	0.03	87359
2a Name of Participating Employer JADALI-ARAGHI AND NOSTI DENTAL CORPORATION	26-1928752	0.00	407916
2a Name of Participating Employer JADALI-ARAGHI DENTAL CORPORATION	47-1387549	0.00	264763

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JADE GILBERT DENTAL CORPORATION	20-2821736	0.00	563829
JAISSWAL AND DALTON DENTAL CORPORATION	26-0714988	0.00	374707
JANTZEN BEACH MODERN DENTISTRY, PC	46-4246269	0.00	5793
JARED PEARSON, D.D.S., MY KID'S DENTIST AND ORTHODONTICS, PC	83-2714098	0.05	32383
JEDEDIAH HUSS DENTAL CORPORATION	20-8919118	0.00	259335
JEFFERSON AND KIM DENTAL CORPORATION	46-1122798	0.00	356564
JEFFERSON AND SCHMIDT DENTAL CORPORATION	26-0152018	0.00	1475350
JENNIFER HERBERT DENTAL CORPORATION	82-4653683	0.00	51994
JENNIFER WILLIAMS TINNEL, D.D.S., TIFFANY SPRINGS DENTAL GROUP, PC	46-0939677	0.09	409127

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JEONG DENTAL CORPORATION	20-4959338	0.00	415270
JESSICA LEONG DENTAL CORPORATION	84-2620661	0.00	36988
JESSICA NGUYEN DENTAL CORPORATION	47-4381606	0.00	156043
JETT FERRY DENTAL GROUP, PC	46-5267941	0.00	20207
JIMMY CHEUNG DENTAL CORPORATION	26-1438630	0.00	272184
JOAN THANH TO DENTAL CORPORATION	81-1589720	0.00	162915
JOESTING DENTAL CORPORATION	20-4652066	0.00	113520
JOHN C. NOSTI, D.D.S., INC.	47-3549927	0.00	144624
JOHN HOLMES, D.D.S., BELTON MODERN DENTISTRY, PC	46-0929087	0.08	434012

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JOHN NOSTI DENTAL CORPORATION	38-3942042	0.00	11913
JOHNSON FERRY DENTISTRY, PC	46-3473074	0.06	441378
JONATHAN NGUYEN, D.D.S., DENTISTS OF SLIDELL, A P.C.	81-4944535	0.06	238847
JORDAN DOUGLAS DENTAL CORPORATION	83-3771829	0.00	47187
JOSEPH HANNA, D.D.S., INC.	82-4523721	0.00	34221
JOSHUA GIROD, D.D.S., ACADIAN MODERN DENTISTRY, A P.C.	47-5170078	0.05	231468
JUN DENTISTS OF HENDERSON, PC	92-3982534	0.04	51724
JUSTIN MERCER DENTAL CORPORATION	82-1928969	0.00	11927
KANG RENO MODERN DENTISTRY, PC	46-1410369	0.13	698735

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KANSAGRA AND NGUYEN DENTAL CORPORATION	20-4023989	0.00	529795
KANSAGRA BECKETT RIDGE MODERN DENTISTRY PC, INC.	99-0791951	0.00	412
KANSAGRA DENTISTS AT HYDE PARK PLAZA, PC, INC.	83-4336179	0.06	120581
KANSAGRA DENTISTS OF SHARONVILLE PC, INC.	88-1620734	0.02	17310
KANSAGRA DENTISTS OF WESTWOOD PC, INC.	83-3301916	0.02	61548
KANSAGRA MASON MODERN DENTISTRY PC, INC.	84-4024437	0.04	105114
KARIM ZAKLAMA DENTAL CORPORATION	47-4959187	0.00	307059
KARIMZADA SILVERADO RANCH DENTISTRY, PC	83-3457455	0.04	118803
KATAYOUN SETAREH DENTAL CORPORATION	26-4428996	0.00	328057

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KATHERINE BABINEAUX, D.D.S., LAFAYETTE MODERN DENTISTRY, A P.C.	47-5199871	0.10	351989
KATY HIGHLANDS DENTAL GROUP, PC	46-5766919	0.06	355060
KATY MODERN DENTISTRY AND ORTHODONTICS, PC	45-4864660	0.08	682607
KAUR AND MOKBIL DENTAL CORPORATION	46-5618399	0.00	25738
KELLER MODERN DENTISTRY AND ORTHODONTICS, PC	47-2364760	0.06	197001
KENNESAW MODERN DENTISTRY, PC	88-0541581	0.00	643
KENNETH LEONG DENTAL CORPORATION	33-0843444	0.00	261447
KEVIN CHUNG DENTAL CORPORATION	46-4406778	0.00	437113
KEVIN SU DENTAL CORPORATION	87-2322582	0.00	0

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KHAKWANI AND MOHAMMAD MEDICAL, PC	88-4367112	0.18	867611
KHAKWANI MEDICAL CORPORATION, PC	81-1476918	0.06	254799
KHALED ENTABI DENTAL CORPORATION	46-4888555	0.00	166625
KHALED ENTABI, D.D.S., INC.	83-0770292	0.00	100951
KHATTAK DENTAL CORPORATION	20-4320661	0.00	265773
KHAZALI DENTAL CORPORATION	20-4185266	0.00	283607
KILLEEN MODERN DENTISTRY, PC	82-4196741	0.04	123771
KILLIAN DENTISTRY, PC	82-2629930	0.04	229272
KIM AND DO-YABUT DENTAL CORPORATION	86-3746883	0.00	2093

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KIM HENDERSON KIDS' DENTISTRY, PC	93-1356377	0.02	24693
KING RAMPART DENTAL GROUP, PC	47-4624729	0.06	427917
KINGWOOD SMILES DENTISTRY, PC	81-5249867	0.05	223931
KITTY HAWK SMILES DENTISTRY AND ORTHODONTICS, PC	45-4879929	0.07	355418
KNAPKE BLUE ASH MODERN DENTISTRY, PC, INC.	88-1120839	0.05	92638
KNOLLWOOD DENTISTRY, PC	47-3390952	0.05	160262
KRAMER AND NGUYEN DENTAL CORPORATION	81-3418097	0.00	126872
KUNAL SOOD DENTAL CORPORATION	46-4943007	0.00	155991
KYLE BOYCE, D.D.S., SUMMIT MODERN DENTISTRY, P.C.	46-4296969	0.06	397568

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LADY LAKE SMILES DENTISTRY, PA	81-2569715	0.08	278597
LAKE BARCROFT DENTAL GROUP, PC	84-3320667	0.06	158200
LAKE BUTLER DENTAL GROUP, PA	92-1299085	0.02	27695
LAKE CONROE DENTISTRY, PC	46-2933105	0.06	239009
LAKE JACKSON MODERN DENTISTRY, PC	47-4421075	0.05	350482
LAKE MARY MODERN DENTISTRY, PA	82-1004607	0.05	197985
LAKE OSWEGO MODERN DENTISTRY, PC	84-3879385	0.06	63363
LAKE WORTH MODERN DENTISTRY, PA	84-4513630	0.03	73232
LAKE WYLIE MODERN DENTISTRY, PC	84-2609285	0.04	74689

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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
LAKELAND MODERN DENTISTRY, PA	82-2837300	0.05	140957
LAMBRIDIS AND GHAFARZADEGAN DENTAL CORPORATION	56-2321616	0.00	1012968
LA-PHAM DENTAL CORPORATION	82-1272607	0.00	131602
LATSHIKYAN DENTAL CORPORATION	82-3247430	0.00	80210
LAU AND PARK DENTAL CORPORATION	81-1661753	0.00	138595
LAWRENCEVILLE DENTIST OFFICE, PC	81-1433084	0.00	8321
LEAGUE CITY MODERN DENTISTRY AND ORTHODONTICS, PC	46-0702599	0.07	631883
LEAGUE CITY SMILES DENTISTRY, PC	47-4424241	0.06	486552
LEANDER MODERN DENTISTRY, PC	87-4461104	0.04	80488

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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
LEE AND NOSTI DENTAL CORPORATION	26-2506956	0.00	482128
LEE AND WOO DENTAL CORPORATION	52-2248400	0.00	325518
LEE DEER SPRINGS MODERN DENTISTRY, PC	46-1193475	0.05	601794
LEE MLK DENTAL GROUP, PC	20-4714412	0.07	794949
LEE AND SAMBANGI DENTAL CORPORATION	47-1867430	0.00	541580
LEE, WATANABE AND NOSTI DENTAL CORPORATION	20-1783485	0.00	701519
LEESBURG MODERN DENTISTRY, PC	88-3629609	0.02	33750
LEGENDS DENTAL GROUP, P.A.	46-2888285	0.08	819521
LENG AND CHOKKA DENTAL CORPORATION	33-0842158	0.00	462962

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Part II Participating Employer Information (Continued).

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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.

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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
LENG DENTAL CORPORATION	20-2821478	0.00	226480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEON SPRINGS MODERN DENTISTRY, PC	86-2857548	0.04	120327
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEXINGTON MODERN DENTISTRY, PC	83-2282302	0.01	40940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGON MARYLAND PARKWAY SMILES DENTISTRY, PC	84-2765335	0.04	136734
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIN HENDERSON DENTAL GROUP, PC	26-1771124	0.05	647258
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIN, PHAM AND NAKAKI DENTAL CORPORATION	26-1400094	0.00	604081
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINDA BANG DENTAL CORPORATION	20-0377582	0.00	590132
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	183953
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOGANVILLE DENTIST OFFICE, PC	81-3194054	0.05	356706

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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
LOOMBA DENTAL CORPORATION	26-2332942	0.00	479987
LOPEZ AND BAUTISTA DENTAL CORPORATION	46-1281187	0.00	345585
LUCKOOR QUEENSRIDGE MODERN DENTISTRY PC	88-4186165	0.07	110558
LUTZ DENTIST OFFICE, PA	93-2501676	0.04	35490
LY DENTISTS OF KENWOOD PC, INC.	99-3415270	0.00	3739
LYNDA WATANABE DENTAL CORPORATION	20-4184405	0.00	106240
LYNN AND CHAU DENTAL CORPORATION	20-5672922	0.00	429197
LYNN AND NGUYEN DENTAL CORPORATION	20-3463636	0.00	612014
MACON DENTIST OFFICE, PC	81-1424364	0.00	75733

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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
MAGAR AND SHARIFIAN DENTAL CORPORATION	45-2449446	0.00	610494
MAGAR AND SMITH DENTAL CORPORATION	82-5461270	0.00	104
MAGNOLIA MODERN DENTISTRY, PC	99-3865439	0.00	3799
MAKADIA AND STOUT DENTAL CORPORATION	47-2207415	0.00	52104
MANNEM AND GHAZAL DENTAL CORPORATION	20-3486404	0.00	209953
MANNEM DENTAL CORPORATION	47-5260114	0.00	124155
MANPREET KAUR DENTAL CORPORATION	32-0453073	0.00	167988
MANSFIELD SMILES AND ORTHODONTICS, PC	45-3204149	0.05	220242
MAPLE GROVE SMILES DENTISTRY, PC	47-4442431	0.03	90885

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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
MARAL KHAZALI DENTAL CORPORATION	84-1928279	0.00	48072
MARCOS MAGAR DENTAL CORPORATION	84-1898004	0.00	80887
MARKETPLACE DENTISTRY, P.A.	82-4690890	0.00	20031
MARTIN GALSTYAN DENTAL CORPORATION	81-2921204	0.00	27472
MARTINEZ MACDONALD RANCH MODERN DENTISTRY, PC	46-3544011	0.06	369991
MARYVILLE MODERN DENTISTRY, PC	83-1804774	0.03	105015
MASAKI DURANGO DENTAL GROUP, PC	20-4714507	0.07	589615
MATTHEW YIP, D.D.S., LIBERTY DENTAL GROUP, P.C.	47-4982164	0.10	550288
MATTHEW YIP, D.D.S., PARKVILLE MODERN DENTISTRY, P.C.	46-2876552	0.10	710739

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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
MAYBERRY DENTAL CORPORATION	20-2546329	0.00	305788
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCALISTER DENTISTRY, PC	92-3347095	0.03	34954
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCDONOUGH DENTAL CORPORATION	84-3032566	0.00	23331
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCEVOY SPARKS MODERN DENTISTRY, PC	86-2649211	0.08	171482
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	0.05	609452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCMURRAY DENTAL CORPORATION	33-0819873	0.00	636912
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MELANIE KIM DENTAL CORPORATION	84-4495721	0.00	55104
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEMORIAL MODERN DENTISTRY, PC	81-3768203	0.00	75528
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERCER AND SHAKIL DENTAL CORPORATION	26-1339230	0.00	1264953

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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
MERIDIAN SMILES DENTISTRY, PC	46-1176304	0.02	41329
MESQUITE DENTAL GROUP, PC	27-2462884	0.08	483919
MEYERLAND MODERN DENTISTRY, PC	84-3897769	0.07	235251
MIAMI SHORES MODERN DENTISTRY, PA	81-1541400	0.08	478798
MICHAEL ORTEGA DENTAL CORPORATION	47-3755091	0.00	58077
MICHAEL WONG DENTAL CORPORATION	85-2818720	0.00	29338
MICHELLE SLADE, D.D.S., INC.	77-0595456	0.00	166699
MILFORD DENTIST OFFICE, PC	83-2251257	0.04	101693
MIN DENTAL CORPORATION	26-0363947	0.00	407460

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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
MINH PHAM AND STEVEN ALVARADO DENTAL CORPORATION	46-2598071	0.00	194073
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MINHYUNG JI DENTAL CORPORATION	61-1933806	0.00	30528
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIRAMAR MODERN DENTISTRY, PA	87-1357015	0.05	132188
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOHINI PATEL DENTAL CORPORATION	20-1782084	0.00	269547
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 AND TAHA DENTAL CORPORATION	45-5077754	0.00	251417
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	112376
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	0.02	15582
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	478775
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOSHAR DENTAL CORPORATION	81-1094092	0.00	300043

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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
MOUNT DORA MODERN DENTISTRY, PA	81-4466761	0.05	187174
MOUNT VERNON MODERN DENTISTRY, PC	83-1872042	0.03	62301
MT. JULIET DENTAL GROUP, PC	81-2951413	0.02	56322
MT. JULIET MODERN DENTISTRY, PC	88-2248645	0.02	33271
MUGLESTON DENTISTS OF ST. ROSE, PC	84-2583004	0.06	222599
MUGLESTON HENDERSON MODERN DENTISTRY, PC	45-4612311	0.10	946688
MUGLESTON RANCH PLAZA DENTAL GROUP, PC	20-8899851	0.02	217154
MURAYAMA DENTAL CORPORATION	20-1868335	0.00	585370
MURFREESBORO MODERN DENTISTRY, PC	82-2690574	0.03	110528

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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 SMILES DENTISTRY, PC	81-3683237	0.06	205556
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NADA HANNA DENTAL CORPORATION	03-0477150	0.00	777991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAJAFI DENTAL CORPORATION	33-0942247	0.00	2488329
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAM DANG DENTAL CORPORATION	45-2570626	0.00	140262
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAM DANG, D.D.S., INC.	20-1783377	0.00	1018606
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAPLES BAY DENTAL GROUP, PA	87-2577386	0.03	88530
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAPLES MODERN DENTISTRY, PA	83-3678982	0.06	184985
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAPLES SMILES DENTISTRY, PA	84-3351585	0.05	141565
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	29567

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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
NATALIE LE DENTAL CORPORATION	47-4904331	0.00	178750
NATHAN TULLY DENTAL CORPORATION	82-2758183	0.00	75094
NAVEJAS CARPIO DENTAL CORPORATION	83-2865075	0.00	54755
NAZARENO AND NOSTI DENTAL CORPORATION	81-3508923	0.00	66131
NETWORK OF MINNESOTA DENTAL PROVIDERS PC	47-1072124	0.12	507375
NETWORK OF TEXAS DENTAL PROVIDERS	46-2727726	0.61	2250760
NEW BRAUNFELS MODERN DENTISTRY, PC	81-3446260	0.09	432620
NEW CANEY SMILES DENTISTRY, PC	93-2477689	0.02	23028
NGUYEN AND REAGAN DENTAL CORPORATION	20-2957890	0.00	621836

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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	411773
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	0.04	47520
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	190169
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	0.02	35651
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	0.01	39380
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	0.13	447409
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	440139
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	150616
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	0.05	193149

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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
NORTH KENDALL DENTISTS, PA	92-2539216	0.02	32592
NORTHEAST DALLAS DENTISTRY, PC	83-2171338	0.07	247320
NORTHSHORE SMILES DENTISTRY, PC	82-4787461	0.04	129008
NOSTI AND REAGAN DENTAL CORPORATION	20-0917538	0.00	831617
NRH MODERN DENTISTRY, PC	81-0799418	0.01	65770
NW DENTISTRY AND ORTHODONTICS, PC	46-2674401	0.05	232598
OAK FOREST DENTAL GROUP AND ORTHODONTICS, PC	46-1163237	0.10	703921
OAK RIDGE SMILES DENTISTRY, PC	82-5209001	0.05	152153
OAKLAND PARK MODERN DENTISTRY, PA	81-1418857	0.06	261490

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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
OAKS SMILES DENTAL GROUP, PC	46-2927453	0.00	24152
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ODESSA MODERN DENTISTRY, PA	99-0846572	0.01	10781
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
O'DONNELL DENTAL CORPORATION	20-1782295	0.00	594710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OKTANYAN DENTAL CORPORATION	46-2950135	0.00	320498
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLATHE DENTAL GROUP, P.A.	81-1347951	0.07	358753
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLATHE SOUTH DENTISTRY, P.A.	83-1221418	0.10	257710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLATHE WEST DENTISTRY, P.A.	84-2978977	0.07	299540
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLNEY MODERN DENTISTRY, LLC	88-2679156	0.04	165812
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	0.02	173618

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Part II Participating Employer Information (Continued).

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OVIEDO SMILES DENTISTRY, PA	82-4058604	0.09	311999
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	225483
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	0.06	202634
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	44.82	236348899
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	240724
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	393521
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	342330
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	0.05	139037
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PASADENA MODERN DENTISTRY, PC	84-2436918	0.02	124834

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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
PATEL AND GILL DENTAL CORPORATION	47-2112168	0.00	157076
PATEL AND HABASHI DENTAL CORPORATION	27-1521664	0.00	153170
PATEL AND LEE DENTAL CORPORATION	82-5392216	0.00	76740
PATOLUS OPERATIONS LLC	82-2064666	0.00	147684
PDS COLORADO NETWORK LLP	26-2807851	3.46	18811895
PDS IDAHO-UTAH DENTAL SUPPORT LLC	87-4094561	0.28	820148
PDS NEW MEXICO SOCO DENTAL SUPPORT, LLC	85-3821363	0.53	1492562
PDS NORTHERN COLORADO DENTAL SUPPORT, LLC	26-2263705	0.00	2375633
PDS SOUTH COLORADO NETWORK LLP	85-4077144	0.00	556136

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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
PEACHTREE CITY DENTAL GROUP, PC	47-4587096	0.08	359163
PEACHTREE MODERN DENTISTRY, PC	87-4542397	0.00	3587
PEARLAND DENTISTS, PC	47-1183487	0.07	274749
PEARLAND MODERN DENTISTRY, PC	45-4857026	0.18	1259756
PEGGY CHU DENTAL CORPORATION	27-3155238	0.00	629183
PENAFLOIDA DENTAL CORPORATION	20-3947899	0.00	382520
PERALTA DENTISTS OF CARSON CITY, PC	82-2154965	0.03	100780
PERALTA RENO SMILES DENTISTRY, PC	46-2690803	0.04	185792
PERALTA SPANISH SPRINGS MODERN DENTISTRY, PC	46-4871811	0.06	623619

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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
PERIODONTICS HEALTH GROUP-CF, PA	87-2339730	0.00	717
PERIODONTICS HEALTH GROUP-SC, PC	88-1950269	0.00	0
PERIODONTICS HEALTH GROUP-SF PA	87-2369592	0.03	83391
PESSAH DENTAL CORPORATION	84-2945981	0.00	29704
PFLUGERVILLE MODERN DENTISTRY, PC	27-4974387	0.07	340046
PHAM PARADISE SMILES DENTISTRY, PC	81-1004194	0.07	360608
PHI C. HUYNH, D.M.D., INC.	46-2598272	0.00	114585
PINECREST DENTISTRY, PA	81-4945838	0.06	394847
PIRASTEHFAR AND HABASHI DENTAL CORPORATION	20-8899105	0.00	334228

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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
PLANO MODERN DENTISTRY, PC	27-3546212	0.06	304742
PLYMOUTH SMILES DENTISTRY, PC	92-0877622	0.02	15483
PONCE DENTAL GROUP, PC	84-1741325	0.01	26477
PORT ORANGE MODERN DENTISTRY, PA	83-1670256	0.09	178977
PORTLAND MODERN DENTISTRY, PC	83-3750843	0.05	181488
POTRANCO DENTISTRY, PC	84-2382303	0.04	82312
POULSEN DENTAL CORPORATION	82-1987003	0.00	152797
POWDERSVILLE SMILES DENTISTRY, PC	84-2559037	0.03	126846
PRABHPREET KAILA DENTAL CORPORATION	47-4982361	0.00	71989

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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
PRATIK MAKADIA DENTAL CORPORATION	83-1265339	0.00	31026
PRESTON MODERN DENTISTRY, PC	27-2206587	0.07	213316
PRIYADARSHINI BHATIA DENTAL CORPORATION	46-2695379	0.00	398705
QUINN LAS VEGAS MODERN SMILES DENTISTRY, PC	83-2088060	0.01	53063
QUINN STEPHANIE DENTAL GROUP, PC	20-8863082	0.06	377364
QURBAN DENTAL CORPORATION	82-2686779	0.00	86669
RAYFORD MODERN DENTISTRY, PC	47-4904684	0.10	607637
REAGAN AND PANDHOH DENTAL CORPORATION	20-5181742	0.00	719194
REAGAN DENTAL CORPORATION	33-0863140	0.00	1321596

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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
RED BANK SMILES DENTISTRY, PC	83-2488621	0.07	210176
REDSTONE MODERN DENTISTRY, PC	84-2567230	0.04	154294
RENE DEWENTER DENTAL CORPORATION	26-1367048	0.00	334684
RHO DENTAL CORPORATION	20-1124068	0.00	612839
RICHARD E SCIPIONE, D.D.S., METAIRIE MODERN DENTISTRY, A P.C.	81-3613094	0.08	342506
RICHFIELD DENTISTRY, P.C.	46-4625566	0.09	421474
RICKY V. TRAN DENTAL CORPORATION	47-2117362	0.00	370300
RIGOR DENTAL CORPORATION	84-4638154	0.00	32033
RITESH KUMAR DENTAL CORPORATION	26-3710603	0.00	480677

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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	913095
RITTU GILL DENTAL CORPORATION	20-3364896	0.00	1027338
RITTU GILL, D.D.S., INC.	86-3294126	0.00	5761
RIVERVIEW SMILES DENTISTRY, PA	92-1604530	0.03	41143
ROANOKE DENTAL GROUP, PC	81-1095381	0.04	181831
ROCK HILL MODERN DENTISTRY, PC	84-3634763	0.04	106932
ROCKWALL MODERN DENTISTRY AND ORTHODONTICS, PC	45-4878028	0.13	722601
ROGERS AND REAGAN DENTAL CORPORATION	48-1262852	0.00	860089
ROGERS PARKWAY MODERN DENTISTRY, PC	82-5284738	0.03	114856

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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	11928
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	0.06	350099
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, PC	47-2231902	0.05	200044
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUPALI KEDIA DENTAL CORPORATION	20-1781675	0.00	202128
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	23352
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	53006
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	162741
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	253071
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	119709

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SANAZ KHALEGHI DENTAL CORPORATION	26-3444469	0.00	286860
SANDY PLAINS DENTAL GROUP, PC	84-3944496	0.03	50844
SCHMIDT AND JEFFERSON DENTAL CORPORATION	83-1958865	0.00	130168
SCOTT AND KANSAGRA DENTAL CORPORATION	83-2734715	0.00	52408
SERGIO VICUNA, D.D.S., INC.	81-2942672	0.00	160199
SETAREH DENTAL CORPORATION	56-2323856	0.00	351108
SEUNG LEE DENTAL CORPORATION	37-1762461	0.00	11868
SEUNG LEE, D.M.D., INC.	46-2774443	0.00	221306
SHAH AND HUYNH DENTAL CORPORATION	83-1689751	0.00	82562

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SHAH AND JEFFERSON DENTAL CORPORATION	46-0806818	0.00	119084
SHAHAB ARIANNEJAD DENTAL CORPORATION	87-1177897	0.00	0
SHAHESTANI CANYON POINTE DENTAL GROUP, PC	26-0160921	0.06	347082
SHAHESTANI CHARLESTON SMILES DENTISTRY, PC	83-2815724	0.03	41921
SHAHESTANI GRAND CANYON MODERN DENTISTRY, PC	99-2647961	0.01	11435
SHAHESTANI RANCHO SMILES DENTISTRY, PC	93-3397878	0.01	9222
SHAHESTANI SHADOW MOUNTAIN SMILES DENTISTRY, PC	83-3358691	0.04	115228
SHAHESTANI SUNRISE MODERN DENTISTRY, PC	99-0598019	0.04	1991
SHAHESTANI NORTHWEST RENO SMILES DENTAL GROUP, PC	46-4394010	0.07	317202

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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
SHARIFIAN DENTAL CORPORATION	52-2239042	0.00	1064402
2a Name of Participating Employer SHAWN LEE AND MANORANJANI SAMBANGI DENTAL CORPORATION	81-1087652	0.00	151732
2a Name of Participating Employer SHAWNEE DENTAL GROUP, PA	47-3363479	0.04	160506
2a Name of Participating Employer SHENANDOAH SMILES DENTISTRY, PC	47-3083515	0.05	297619
2a Name of Participating Employer SHERLY SOHAL DENTAL CORPORATION	81-5196711	0.00	139236
2a Name of Participating Employer SHERWOOD MODERN DENTISTRY, PC	47-2296666	0.00	5357
2a Name of Participating Employer SHETTY DENTAL CORPORATION	26-1859246	0.00	434472
2a Name of Participating Employer SHREWSBURY DENTISTRY, PC	82-4670442	0.07	238905
2a Name of Participating Employer SICAT DIAMOND DENTAL GROUP, PC	26-1748512	0.05	347180

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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
SIENNA MISSOURI CITY MODERN DENTISTRY, PC	45-2092903	0.08	622906
SIMONIAN DENTAL CORPORATION	20-3355894	0.00	567822
SINGH AND PATEL DENTAL CORPORATION	46-3831031	0.00	29781
SMITH AND SHARIFIAN DENTAL CORPORATION	46-5271971	0.00	288403
SMYRNA DENTIST OFFICE, PC	81-4891077	0.03	238525
SMYRNA MODERN DENTISTRY, PC	47-4812623	0.05	207894
SNELLVILLE SMILES DENTISTRY, PC	47-1495759	0.02	210147
SODO SMILES DENTISTRY, PA	83-2235553	0.04	227212
SONAL SINGH DENTAL CORPORATION	45-5630145	0.00	224012

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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
SONAL SINGH, D.D.S., INC.	20-8884079	0.00	490274
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOOD AND FAREID DENTAL CORPORATION	47-2272237	0.00	76078
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	201465
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	156061
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	0.02	50060
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	150184
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	486449
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	0.05	296629
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	0.11	404595

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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
SPRINGFIELD DENTAL GROUP, PC	82-3052058	0.04	161488
SPRINGFIELD MODERN DENTISTRY, PC	88-3679500	0.02	24658
STEVEN WU DENTAL CORPORATION	84-3032642	0.00	21337
STEVENS RANCH MODERN DENTISTRY, PC	93-2187699	0.05	49615
STILLWATER MODERN DENTISTRY, PC	92-1950958	0.04	52645
STONE OAK MODERN DENTISTRY, PC	27-3546865	0.12	781896
STONEBRIDGE MODERN DENTISTRY, PC	99-3157623	0.01	7176
SUGAR LAND DENTAL GROUP, PC	45-3564810	0.06	417080
SUGAR LAND MODERN DENTISTRY, PC	27-3945804	0.07	863728

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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
SUMEET PANDHOH DENTAL CORPORATION	84-4798962	0.00	1186
SUMMERVILLE SMILES DENTAL OFFICE, PC	86-3127155	0.02	6477
SUMMERWOOD SMILES DENTISTRY, PC	47-1778274	0.05	215655
SWATI SHETTY DENTAL CORPORATION	82-4652638	0.00	152750
SYLVAN PARK SMILES DENTISTRY, PC	84-3095189	0.03	92116
SZUTZ DENTAL CORPORATION	46-3575885	0.00	234239
TABA DENTAL CORPORATION	46-3505233	0.00	193144
TAHERIAN AND SHARIFIAN DENTAL CORPORATION	33-0942223	0.00	292071
TAHERIAN DENTAL CORPORATION	52-2211052	0.00	668975

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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
TANG DENTISTS OF WEST HENDERSON, PC	88-2254151	0.02	31324
TANG SAHARA MODERN DENTISTRY, PC	86-1484470	0.04	116256
TARAPOREWALLA DENTAL CORPORATION	88-2249842	0.00	0
TERRI NGUYEN DENTAL CORPORATION	20-0286568	0.00	1099807
THE DENTAL OFFICE OF KATY, PC	99-5042363	0.00	6
THE DENTAL OFFICE OF MCKINNEY, PC	88-2115272	0.02	30176
THE DENTAL OFFICE OF RESTON, PC	86-2971494	0.01	14708
THE HEIGHTS MODERN DENTISTRY, PC	45-4892002	0.06	525529
THE VINTAGE MODERN DENTISTRY, PC	99-2658491	0.01	4941

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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
THE WOODLANDS MODERN DENTISTRY AND ORTHODONTICS, PC	45-2492724	0.08	482485
TIGARD MODERN DENTISTRY AND ORTHODONTICS, PC	47-5159856	0.04	280026
TIGARD TRIANGLE SMILES, PC	45-5401206	0.05	191341
TINY TOWN SMILES DENTISTRY, PC	82-3003093	0.06	219900
TOMBALL SMILES DENTISTRY, PC	47-2822599	0.03	154587
TON AND DHAMA DENTAL CORPORATION	26-1414225	0.00	334362
TORRES CRAIG RANCH DENTAL GROUP, PC	82-2081293	0.05	364174
TRAILS DENTAL GROUP AND ORTHODONTICS, PC	46-1730637	0.04	215251
TRAN AND LEE DENTAL CORPORATION	86-1910868	0.00	5066

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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
TRAN AND NOSTI DENTAL CORPORATION	45-5328801	0.00	400115
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRENTON DENTAL GROUP, PC	92-2339867	0.03	51484
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 J. THOMAS, D.D.S., INC.	83-4160536	0.00	18461
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	120203
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	88-1139076	0.00	4347
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	0.03	107448
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	87-4617687	0.01	13238
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	173141
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	475001

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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
VANSON DENTAL CORPORATION	82-1748250	0.00	219311
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	0.07	367094
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VICUNA AND MAK DENTAL CORPORATION	46-3785551	0.00	406504
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIERA MODERN DENTISTRY, PA	82-2112086	0.07	288198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLAGE DENTISTRY, P.A.	82-4845715	0.06	198297
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLAGE MODERN DENTISTRY, PA	82-2989436	0.00	14668
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLAGE SMILES AND ORTHODONTICS, PC	26-2956008	0.03	291320
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLAGE WEST DENTISTRY, P.A.	83-3264188	0.01	86027
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	200669

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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
VUKOTIC AND OATES DENTAL CORPORATION	81-3804695	0.00	105341
WADHWA DENTAL CORPORATION	26-4612750	0.00	111484
WALKER AND WATANABE DENTAL CORPORATION	52-2228282	0.00	622463
WALTHAM MODERN DENTISTRY, PC	83-2817989	0.08	215651
WASHINGTON DENTAL CORPORATION, PC	46-3111392	3.30	13034625
WATANABE AND ESPELETA PROFESSIONAL DENTAL CORPORATION	20-2643349	0.00	661035
WATANABE AND TRAN DENTAL CORPORATION	88-3150460	0.00	1547734
WATANABE AND WON DENTAL CORPORATION	20-3397598	0.00	1188137
WATANABE SHADOW MOUNTAIN DENTAL GROUP, PC	20-8862814	0.11	926986

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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 TOWN CENTER DENTAL GROUP, PC	20-5339044	0.14	859116
WAXAHACHIE MODERN DENTISTRY, PC	84-3262018	0.05	63654
WESLEY CHAPEL SMILES DENTISTRY, PA	83-2833939	0.03	105330
WEST COBB DENTIST OFFICE, PC	81-5210441	0.05	324808
WEST LAWRENCE DENTISTRY, P.A.	83-2250535	0.08	410297
WEST NASHVILLE SMILES DENTISTRY, PC	88-3358451	0.02	25092
WEST PINES MODERN DENTISTRY, PA	82-1089818	0.02	119639
WEST PLANO MODERN DENTISTRY AND ORTHODONTICS, PC	27-4593376	0.06	725352
WEST ROXBURY MODERN DENTISTRY, PC	93-1973343	0.01	28048

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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 SUNRISE DENTISTRY, PA	47-4698313	0.02	104740
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	1501
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	170130
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	0.05	181933
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTSIDE MODERN DENTISTRY, PC	84-3898051	0.04	93222
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHARTON-LAKE OPTIMUS ENDO, PC	93-4970521	0.03	24606
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE BEAR DENTISTS, P.C.	81-1719751	0.07	486548
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILDWOOD DENTISTS, PA	81-0966671	0.06	233132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILSONVILLE SMILES, PC	45-4722517	0.05	334545

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
WINDERMERE DENTAL GROUP, PC	47-4553474	0.00	23354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINTER HAVEN MODERN DENTISTRY, PA	84-3753098	0.06	119998
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOLF RANCH DENTAL GROUP, PC	82-2047903	0.10	331216
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODBIDGE DENTAL GROUP AND ORTHODONTICS, PC	27-1374795	0.06	211917
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	0.08	468724
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODRUFF SMILES DENTISTRY, PC	84-2650580	0.02	63752
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODS DENTAL GROUP AND ORTHODONTICS, PC	46-0692917	0.08	442598
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODSTOCK DENTISTRY, PC	82-1437049	0.06	227310
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORKINGS AND LAMBRIDIS DENTAL CORPORATION	20-5023743	0.00	98013

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
WU AND NAJAFI DENTAL CORPORATION	84-3037048	0.00	64537
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YASMIN EASLEY DENTAL CORPORATION	26-3363237	0.00	174117
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YEAM EL DORADO MODERN DENTISTRY, PC	87-3750299	0.03	81273
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YEATON AND MAR DENTAL CORPORATION	83-4375993	0.00	47190
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	201940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YIGE ZHAO DENTAL CORPORATION	84-2906789	0.00	79998
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YIP HORIZON RIDGE MODERN DENTISTRY, PC	84-4827557	0.05	183131
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YU MOUNTAIN DENTAL GROUP, PC	26-2260433	0.08	405423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YUN HWAN OH DENTAL CORPORATION	83-4398389	0.00	96403

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 ZEYAD ALANI DENTAL CORPORATION	2b EIN 20-0053245	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 276648
2a Name of Participating Employer ZLEIK DENTAL CORPORATION	2b EIN 26-0336730	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 303282
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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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

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
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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, 2024

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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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023 and for the year ended December 31, 2024, 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, 2024 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 2, 2025

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value	\$ 542,031,768	\$ 430,786,206
Investment, at contract value	9,373,744	12,045,346
	<u>551,405,512</u>	<u>442,831,552</u>
Receivables:		
Participant contributions	38,585	1,350,081
Employer contributions	88,117	-
Notes receivable from participants	13,814,245	11,340,464
	<u>13,940,947</u>	<u>12,690,545</u>
	<u>565,346,459</u>	<u>455,522,097</u>
LIABILITIES		
Excess contributions payable	<u>23,759</u>	<u>54,099</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 565,322,700</u>	<u>\$ 455,467,998</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, 2024**

ADDITIONS:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 61,906,897
Interest, dividends, and other income	2,251,852
	<u>64,158,749</u>

Interest income on notes receivable from participants	<u>1,007,100</u>
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Contributions:

Participant	75,000,738
Employer, net of forfeitures	11,148,186
Rollover	4,784,373
	<u>90,933,297</u>

Total Additions	<u>156,099,146</u>
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DEDUCTIONS:

Deductions from net assets attributed to:

Benefits paid to participants	44,544,867
Deemed distributions	92,603
Administrative expenses	1,606,974
Total Deductions	<u>46,244,444</u>

NET INCREASE	109,854,702
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NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR	<u>455,467,998</u>
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END OF YEAR	<u>\$ 565,322,700</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, 2024

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's Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment 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 Company may make discretionary matching contributions and discretionary profit-sharing contributions (collectively, the Company's contributions). Discretionary matching contributions for 2024 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 did not make any discretionary profit-sharing contributions during the year ended December 31, 2024. 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, 2024**

NOTE 1 – Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, 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, 2024**

NOTE 1 – Description of the Plan (Continued)

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$833,481 and \$1,191,287, 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 2024, forfeited nonvested accounts of \$423,014 were used to pay administrative expenses of the Plan. Also in 2024, forfeited nonvested accounts of \$3,139,020 were used to reduce the Company's 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.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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, trustee, and insurance company. See Note 4 for discussion of fair value measurements.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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.

Contributions

Contributions from plan participants and the discretionary matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation. The Company's discretionary profit-sharing contributions are recorded in the year in which the employee compensation is earned.

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, 2024 or 2023.

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's management distributed the 2024 and 2023 excess contributions to the applicable participants along with the 10% excise tax, to the applicable participants in June 2025 and June 2024, respectively.

Payment of Benefits

Benefits are recorded when paid.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024**

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 2, 2025, 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, dividends, and other income
- 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, 2024**

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, 2024

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, 2024 and 2023.

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, 2024**

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, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,221,917	\$ -	\$ -	\$ 1,221,917
Mutual funds	58,960,404	-	-	58,960,404
Collective investment trusts	-	478,223,813	-	478,223,813
Self-directed brokerage account	3,625,634	-	-	3,625,634
Investments at fair value	<u>\$ 63,807,955</u>	<u>\$ 478,223,813</u>	<u>\$ -</u>	<u>\$ 542,031,768</u>

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>

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

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 \$9,373,744 for 2024 and \$12,045,346 for 2023. 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, 2024**

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 \$1,164,687, which was not covered by revenue sharing. The Plan also made a direct payment of \$370,015 to Pension Benefits Unlimited, Inc. for third party administrator services. During 2024, excess revenue of \$72,752 was recognized as other income on the statement of changes in net assets available for benefits and used to pay other plan expenses. The plan sponsor pays directly certain other fees related to the Plan's operations.

The fee credit account totaled \$144,642 and \$66,707 at December 31, 2024 and 2023, respectively. No funds were utilized to offset administrative expenses for the year ended December 31, 2024.

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.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024**

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). 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.

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, 2024
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)	\$ 2,590	\$ -	\$ 2,590	\$ -	\$ -
(2)	35,835	35,835	-	-	-
	<u>\$ 38,425</u>	<u>\$ 35,835</u>	<u>2,590</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

- (1) Contributions transferred late during the 2023 plan year. Lost earnings were restored to the Plan in 2024.
- (2) Contributions transferred late during the 2024 plan year. Lost earnings were restored to the Plan in 2025.

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024
EIN: 33-0681491
PLAN 001

Identity of Issuer	Description of Investment	Current Value
* Fidelity STIF	Interest-Bearing Cash	\$ 244,537
Vang Vmmr-Fed MMkt	Interest-Bearing Cash	977,380
		<u>1,221,917</u>
Putnam Sm Cap Gr R6	Mutual Fund	12,351
Harbor Cap App Ret	Mutual Fund	8,814,367
Blkrk Hlth Sci Opp K	Mutual Fund	1,833,279
Baird Core Plus Inst	Mutual Fund	231,394
MFS Mid Cap Value R6	Mutual Fund	841,261
AF New World R6	Mutual Fund	491,560
Victory S Sm Co Op I	Mutual Fund	576,400
Blkrk Infl Pro Bd K	Mutual Fund	248,598
* Fid US Bond Idx	Mutual Fund	1,171,763
* Fid 500 Index	Mutual Fund	36,457,672
* Fid Mid Cap Idx	Mutual Fund	2,507,161
* Fid Real Estate Idx	Mutual Fund	610,754
* Fid Sm Cap Idx	Mutual Fund	2,674,184
* Fid Intl Index	Mutual Fund	2,489,660
		<u>58,960,404</u>
Ivy Mid Cap Growth C	Collective Investment Trust	476,853
GG Trp Stable Val S	Collective Investment Trust	1,932,659
Putnam Lg Cp Val Tr Ia	Collective Investment Trust	4,181,033
CB Intl Growth S1	Collective Investment Trust	162,748
Vanguard Target Inc	Collective Investment Trust	1,342,066
Vanguard Target 2020	Collective Investment Trust	2,284,504
Vanguard Target 2025	Collective Investment Trust	10,209,242
Vanguard Target 2030	Collective Investment Trust	29,529,922

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, 2024
EIN: 33-0681491
PLAN 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
Vanguard Target 2035	Collective Investment Trust	41,596,043
Vanguard Target 2040	Collective Investment Trust	56,321,060
Vanguard Target 2045	Collective Investment Trust	85,154,535
Vanguard Target 2050	Collective Investment Trust	95,499,113
Vanguard Target 2055	Collective Investment Trust	82,098,735
Vanguard Target 2060	Collective Investment Trust	48,367,635
Vanguard Target 2065	Collective Investment Trust	17,502,070
Vanguard Target 2070	Collective Investment Trust	1,565,595
		<u>478,223,813</u>
* Fidelity Self-Directed Brokeragelink Accounts	Interest-Bearing Cash, Common Stock, Corporate Bond, Preferred Stock, and Registered Investment Companies	<u>3,625,634</u>
* Empower Fixed Income Investment Option	Guaranteed Interest Contract	<u>9,373,744</u>
* Notes receivable from participants	4.25% - 9.50%	<u>13,814,245</u>
		<u>\$ 565,219,757</u>

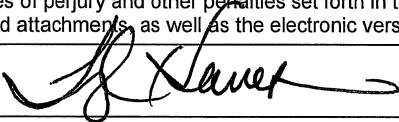
* Indicates party-in-interest

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 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 PDS Health 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		10/7/25	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 18,569
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) 13,344 6a(2) 14,564 6b 0 6c 4,375 6d 18,939 6e 23 6f 18,962 6g(1) 18,226 6g(2) 18,962 6h 4,009
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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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, 2024
EIN: 33-0681491
PLAN 001

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	<u>\$ 38,425</u>	<u>\$ 35,835</u>	<u>2,590</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, 2024
EIN: 33-0681491
PLAN 001

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PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
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DECEMBER 31, 2024
EIN: 33-0681491
PLAN 001
(Continued)

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* Indicates party-in-interest

See Independent Auditors' Report