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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PDS HEALTH 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 DBA PDS HEALTH

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.	10/08/2026	TAYLOR HAWES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name PACIFIC DENTAL SERVICES, LLC

c Plan Name PACIFIC DENTAL SERVICES, LLC 401(K) PLAN

4b EIN 33-0681491

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	18962
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	14564
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15823
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4854
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20677
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	25
f	Total. Add lines **6d** and **6e**.	**6f**	20702
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	18962
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	20702
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4162
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PDS HEALTH 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 DBA PDS HEALTH

D Employer Identification Number (EIN)
33-0681491

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	145004-U1	424	01/01/2025	12/31/2025

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. Specify nature of costs ▶	6d	

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

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

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

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

b	Balance at the end of the previous year			7b	9373744
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	149969		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	149969
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	9523713
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	640909		
	(2) Administration charge made by carrier	7e(2)	15188		
	(3) Transferred to separate account	7e(3)	1516081		
	(4) Other (specify below) ▶ LOANS ISSUED	7e(4)	39424		
	(5) Total deductions			7e(5)	2211602
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7312111

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PDS HEALTH 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 DBA PDS HEALTH

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] Yes [ ] No

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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	1130324	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PENSION BENEFITS UNLIMITED,INC

33-0499726

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 49 50	TPA	384790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGEVIEW ADVISORY GROUP, LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	INVESTMENT ADVISOR	59128	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WINDES, INC

95-3001179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	26000	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.
BAIRD CORE PLUS INST 615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.01 BASIS POINTS * PLAN ASSETS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S SM CO OP I 14785 PRESTON ROAD SUITE 1000 DALLAS, TX 75254	0.10 BASIS POINTS * PLAN ASSETS

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

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

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

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

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PDS HEALTH 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 DBA PDS HEALTH

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:	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)	586759		
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)	1789704		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM LARGE CAP VAL 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)	5673922		
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)	300847		
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)	1250171		
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)	2570128		
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)	12061333		

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) 32351902

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) 50553677

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) 68787889

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) 104224216

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) 120657994

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) 109377319

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) 73102185

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) 28376466

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) 4510736

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, 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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PDS HEALTH 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 DBA PDS HEALTH

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	0	3500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	88117	870
(2) Participant contributions	1b(2)	38585	12335
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2017195	2139933
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	3583	4189
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	20390	19429
(B) Common	1c(4)(B)	1445923	1856559
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	13814245	17713955
(9) Value of interest in common/collective trusts	1c(9)	478223813	616175246
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	60354738	87860164
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9373744	7312111
(15) Other	1c(15)	-33874	583

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	565346459	733098874
Liabilities			
1g Benefit claims payable	1g	23759	85112
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	23759	85112
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	565322700	733013762

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)	12631346	
(B) Participants	2a(1)(B)	87286810	
(C) Others (including rollovers)	2a(1)(C)	6276619	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		106194775
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	117335	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	231	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1290902	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1408468
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	1468	
(B) Common stock	2b(2)(B)	13810	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2319882	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2335160
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4695039	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4203325	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		491714
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	41764	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		41764

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		100545023
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9105012
c Other income	2c		139742
d Total income. Add all **income** amounts in column (b) and enter total	2d		220261658
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50847691	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		50847691
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		123385
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	1500	
(3) Recordkeeping fees	2i(3)	1128102	
(4) IQPA audit fees	2i(4)	26000	
(5) Investment advisory and investment management fees	2i(5)	59128	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	384790	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1599520
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		52570596
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		167691062
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: WINDES, INC. **(2)** EIN: 95-3001179

d The opinion of an independent qualified public accountant is **not attached** 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.)	**4a**	X		35835
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PDS HEALTH 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 DBA PDS HEALTH

D Employer Identification Number (EIN)
33-0681491

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-2647786

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) 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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PDS HEALTH 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 DBA PDS HEALTH	**D** Administrator's EIN 33-0681491

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

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.

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
ABBOUD MIDTOWN RENO SMILES DENTISTRY, PC	99-4971730	0.02	32604
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ABRAMS AND LEE DENTAL CORPORATION	83-1669265	0.00	93275

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
ACWORTH SMILES DENTISTRY, PC	47-1167767	0.04	238949
ADAM BATTAGLIA, D.M.D., WATER TOWER DENTAL GROUP, P.C.	46-4769142	0.14	962109
ALAMEDA LANDING DENTISTRY, INC.	47-3082042	0.00	62676
ALEX R SHARIFIAN DDS, NEW MARK MODERN DENTISTRY, PC	88-2330194	0.02	56311
ALEX R SHARIFIAN DDS, WARD PARKWAY DENTISTRY, PC	88-2789005	0.01	20595
ALEX R. SHARIFIAN, D.D.S., DENTISTS OF INDEPENDENCE, PC	84-2246488	0.03	136980
ALEX R. SHARIFIAN, D.D.S., DENTISTS OF ST. PETERS, PC	84-3015293	0.04	188227
ALEX R. SHARIFIAN, D.D.S., INC.	04-3665603	0.00	662944
ALEX R. SHARIFIAN, D.D.S., WHITE OAK DENTAL GROUP, P.C.	82-1798585	0.05	245741

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX SHARIFIAN DDS NETWORK OF MIDWEST DENTAL PROVIDERS PC	47-3608603	0.20	992821
ALEX SHARIFIAN, D.D.S., CREVE COEUR DENTISTRY, P.C.	47-2820065	0.06	487103
ALEX SHARIFIAN, D.D.S., FRANCIS PARK DENTISTRY, P.C.	46-3543392	0.01	150715
ALEX SHARIFIAN, D.D.S., LINDENWOOD DENTISTRY, P.C.	81-2845588	0.03	187229
ALEX SHARIFIAN, D.D.S., MEHLVILLE MODERN DENTISTRY, P.C.	46-3074312	0.00	166358
ALEX SHARIFIAN, D.D.S., ROCK HILL DENTISTRY, P.C.	82-1111316	0.01	78906
ALEXANDER TRAN DENTAL CORPORATION	82-5286485	0.00	144466
ALI JADALI-ARAGHI, D.M.D., INC.	87-0690293	0.00	289394
ALI SHAHRESTANI, D.M.D., PLLC	86-3952535	0.10	402400

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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	2124
ALTAMONTE SPRINGS DENTAL GROUP, PA	93-1709751	0.01	43553
ANAHEIM HILLS DENTAL GROUP AND MY KIDS DENTIST, INC.	33-0942247	0.00	2727971
ANTIOCH DENTISTRY, P.A.	47-0968882	0.09	467112
APOLLO BEACH MODERN DENTISTRY, PA	87-3215474	0.06	269288
APPLE VALLEY MODERN DENTISTRY, PC	93-2167104	0.03	87439
ARBORS MODERN DENTISTRY, PC	45-3694561	0.00	82531
ARDEN MODERN DENTISTRY, INC.	47-2667783	0.00	126769
ARIANNEJAD AND PHAM DENTAL CORPORATION	81-3953595	0.00	277778

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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
ARIANNEJAD DENTAL CORPORATION	61-1683164	0.00	409566
ARIELLA PESSAH DENTAL CORPORATION	47-4917892	0.00	349182
ARLINGTON MODERN DENTISTRY, PC	87-3434440	0.03	151387
ARSENAL MODERN DENTISTRY, PC	93-1574518	0.03	82037
ASPEN HILL MODERN DENTISTRY, LLC	88-2933820	0.03	68037
ATASCOCITA MODERN DENTISTRY AND ORTHODONTICS, PC	45-4857304	0.17	1858683
ATLAS ENDO PARTNERS, P.C.	99-4254941	0.02	17243
AUSTELL SMILES DENTISTRY, PC	47-2300267	0.04	494118
AUSTIN MODERN DENTISTRY, PC	27-3921025	0.07	317397

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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
AWAD DENTAL CORPORATION	47-3647973	0.00	296322
AZ REGIONAL DENTAL SERVICES LLC	27-0260005	4.76	41038473
BABAK ARIANNEJAD DENTAL CORPORATION	47-3647011	0.00	210035
BACH XUAN NGUYEN DENTAL CORPORATION	46-3718652	0.00	308238
BANDERA MODERN DENTISTRY, PC	45-4864532	0.10	801419
BASTROP MODERN DENTISTRY, PC	81-3753047	0.05	282598
BAYTOWN MODERN DENTISTRY, PC	81-1718687	0.03	236212
BEE COUNTRY MODERN DENTISTRY AND ORTHODONTICS, PC	46-2403883	0.04	333541
BERRY HILL DENTAL GROUP, PC	86-1498111	0.04	207540

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BHATIA AND SHETTY DENTAL CORPORATION	45-2957650	0.00	905360
BLACK AND TO DENTAL CORPORATION	45-4958578	0.00	228478
BLAINE DENTISTRY, PC	47-2006348	0.07	395393
BLOOMINGTON SMILES DENTISTRY, PC	81-0979668	0.06	825048
BLUHAWK DENTAL GROUP, P.A.	81-4846630	0.06	522848
BOCASH AND NOSTI DENTAL CORPORATION	27-0837949	0.00	133632
BOCASH AND SHARIFIAN DENTAL CORPORATION	20-0571325	0.00	121849
BOND HARPER'S DENTAL GROUP PC, INC.	99-0637992	0.01	18670
BOWN CROSSING DENTISTRY, P.C	39-2131719	0.00	3500

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BOYNTON BEACH MODERN DENTISTRY, PA	83-4320921	0.02	89522
BOYNTON MALL MODERN DENTISTRY, PA	99-0922619	0.01	14688
BRANDON MODERN DENTISTRY, PA	84-2176393	0.04	101750
BRAR DENTAL CORPORATION	83-2233989	0.00	48891
BRENTWOOD SMILES DENTISTRY, INC.	45-5077754	0.00	234193
BRIAN WATANABE, DDS MANCHESTER DENTAL GROUP, PC	47-3644836	0.00	117432
BRIARGROVE SMILES DENTISTRY, PC	46-3786113	0.04	364118
BRINGHURST RAINSPRINGS DENTAL GROUP, PC	20-5337268	0.02	428661
BRISTOW FOUNTAIN DENTISTRY, PC	83-4676111	0.01	98646

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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
BROOKRIDGE DENTISTRY, P.A.	83-0744478	0.05	235209
BROWN CRAIG RANCH DENTAL GROUP, PC	82-2081293	0.04	485598
BROWN NORTH LAS VEGAS MODERN DENTISTRY, PC	99-3599074	0.03	48485
BROWN SPRING VALLEY MODERN DENTISTRY, PC	87-4020583	0.04	191426
BRYAN MODERN DENTISTRY, PC	47-1896219	0.07	387672
BRYAN SHEWANICK, D.D.S., BLUE SPRINGS DENTISTRY, P.C.	46-5555903	0.05	464272
BRYAN WATANABE, D.D.S., CHESTERFIELD SMILES DENTISTRY, P.C.	81-0774289	0.03	100517
BRYANT VEST DENTAL CORPORATION	20-4320765	0.00	833762
BUEHLER AND REAGAN DENTAL CORPORATION	06-1641372	0.00	251846

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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
BUKI AJAYI DENTAL CORPORATION	20-3463405	0.00	426503
BULVERDE DENTISTRY, PC	81-5320085	0.10	623929
BURLESON MODERN DENTISTRY, PC	27-3119419	0.06	838056
BURLINGTON DENTIST OFFICE, PC	83-3256891	0.03	197426
BUSH GREEN VALLEY MODERN DENTISTRY, PC	47-5009169	0.06	607438
CAITLIN CHIDSEY, D.M.D., MADISON DENTAL GROUP, P.C.	46-3664805	0.01	166506
CAMACHO AND ZAKLAMA DENTAL CORPORATION	86-3234679	0.00	5340
CAMARILLO DENTAL GROUP AND CAMARILLO KIDS' DENTIST, PC	77-0505368	0.00	777433
CANDLEWOOD SMILES DENTISTRY, INC.	27-3780007	0.00	768266

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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
CANTON MODERN DENTISTRY, PC	88-2115012	0.03	114189
CANTON SMILES DENTISTRY, PC	46-3459178	0.07	560205
CAROLYN GHAZAL AND MINH PHAM DENTAL CORPORATION	26-3668145	0.00	759472
CARROLLTON MODERN DENTISTRY, PC	27-2717368	0.02	190465
CARTER SPRINGDALE MODERN DENTISTRY, PC, INC.	83-4053462	0.04	153765
CARTERSVILLE DENTIST OFFICE, PC	81-4390471	0.04	548542
CASTLE HILLS SMILES DENTISTRY, PC	47-3351185	0.00	7419
CEDAR HILL MODERN DENTISTRY, PC	27-4593084	0.08	430818
CEDAR HILLS MODERN DENTISTRY, PC	82-2973210	0.04	281148

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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**.**

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
CEDAR PARK MODERN DENTISTRY, PC	27-2952453	0.09	913568
CELESTE EDWARDS, D.D.S., WESTBANK DENTISTRY, A PROFESSIONAL CORPORAT	93-3134284	0.05	136560
CHAMPIONS MODERN DENTISTRY, PC	46-3735422	0.07	371614
CHAMPLAIN DENTISTRY, INC.	47-2272237	0.00	85076
CHAMPLIN DENTISTRY, P.C.	47-5351948	0.04	288450
CHANHASSEN SMILES DENTISTRY, P.C.	47-4701375	0.00	9458
CHANTILLY MODERN DENTISTRY, PC	82-5266973	0.05	275809
CHAPIN SMILES DENTISTRY, PC	83-3120460	0.06	291979
CHASKA COMMONS DENTAL GROUP, PC	46-5692444	0.04	385160

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHASTAIN PARK DENTISTRY, PC	81-1487408	0.01	112830
CHELMSFORD MODERN DENTISTRY, PC	86-3653854	0.03	135791
CHERYL TRAN DENTAL CORPORATION	27-3506491	0.00	351285
CHEUNG DENTAL CORPORATION	33-0979403	0.00	507164
CHICO MODERN DENTISTRY, INC.	83-3630652	0.00	78290
CHOKKA AND GHAZAL DENTAL CORPORATION	26-3869028	0.00	462404
CHRISTINE WALTERS, D.D.S., JUBAN CROSSING MODERN DENTISTRY, A PC	47-5186973	0.05	437591
CHRISTOPHER C. OATES, D.D.S., INC.	46-2769812	0.00	572876
CHU AND WATANABE DENTAL CORPORATION	20-4185434	0.00	337805

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CHUNG AND NOSTI DENTAL CORPORATION	26-1197746	0.00	757942
CIBOLO MODERN DENTISTRY, PC	99-2822551	0.02	59693
CITRUS HEIGHTS MODERN DENTISTRY, INC.	20-1782084	0.00	308076
CLACKAMAS SQUARE DENTAL GROUP, PC	46-3975863	0.00	963
CLAIREMONT SMILES DENTISTRY, PC	46-2598071	0.00	161780
CLARKSVILLE MODERN DENTISTRY, PC	81-4600272	0.06	607557
CLEAR LAKE MODERN DENTISTRY, PC	45-3080175	0.07	553828
CLEARWATER MODERN DENTISTRY, PA	86-2155228	0.01	64864
CLEMENT RAINBOW MODERN DENTISTRY, PC	92-1928349	0.02	73474

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CLEMSON MODERN DENTISTRY, PC	86-3270868	0.02	105878
CLERMONT MODERN DENTISTRY, PA	87-3230141	0.04	211076
CLERMONT SMILES DENTISTRY, PA	81-3799409	0.02	233373
CLINT WALKER DENTAL CORPORATION	82-5209752	0.00	110750
CLINTON PARK DENTAL CORPORATION	26-4060984	0.00	198193
CLINTON PARK, D.D.S., INC.	20-3642955	0.00	659791
CLOVIS CROSSING DENTAL GROUP, INC.	46-4943007	0.00	177386
CLOVIS MODERN DENTISTRY, INC.	84-4638154	0.00	36508
COLLEGE STATION MODERN DENTISTRY, PC	47-1879889	0.09	757772

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COLUMBIA HEIGHTS DENTISTRY, PC	81-0963850	0.05	265090
CONLON DENTAL CORPORATION	83-3104783	0.00	34377
CONYERS SMILES DENTISTRY, PC	47-1978610	0.09	506027
COOL SPRINGS MODERN DENTISTRY, PC	83-2990701	0.05	251644
COON RAPIDS MODERN DENTISTRY, PC	92-1526145	0.03	139273
COPPELL MODERN DENTISTRY, PC	27-3920723	0.03	370124
COPPERFIELD MODERN DENTISTRY AND ORTHODONTICS PC	46-1422951	0.00	32278
CORAL SPRINGS MODERN DENTISTRY, PA	82-1929367	0.03	220438
CORONA HILLS MODERN DENTISTRY, INC.	83-4245295	0.00	68017

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COTTAGE GROVE SMILES DENTISTRY, PC	93-2241627	0.03	110308
CRABAPPLE SMILES DENTAL GROUP, PC	46-5340125	0.02	205735
CROSS ROADS SMILES DENTISTRY, PC	81-3650744	0.03	148623
CULEBRA SMILES AND ORTHODONTICS, PC	45-3932314	0.07	422058
CUMMING SMILES DENTISTRY, PC	81-3954751	0.00	16237
CYPRESS CROSSROADS DENTAL GROUP, PC	47-2352810	0.03	178266
CYPRESS DENTAL GROUP AND ORTHODONTICS, PC	45-4891598	0.04	316927
CYPRESS SPRINGS DENTISTRY, PC	47-1193430	0.05	411331
DANIELS MODERN DENTISTRY, PA	83-0541772	0.04	374197

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DARREN DO DENTAL CORPORATION	20-1178061	0.00	349272
DAVENPORT MODERN DENTISTRY, PA	84-3251943	0.13	897866
DAVID CHON DENTAL CORPORATION	81-4407998	0.00	103904
DAVID KIM DENTAL CORPORATION	47-5350235	0.00	70631
DAVIE MODERN DENTISTRY, PA	81-1451906	0.04	265129
DAVIS AND DO-YABUT DENTAL CORPORATION	81-2402594	0.00	394739
DAVIS SMILES DENTISTRY, INC.	46-3785551	0.00	455407
DE ZAVALA MODERN DENTISTRY, PC	84-2648317	0.03	183176
DEERFIELD MODERN DENTISTRY, PA	85-0544449	0.02	126933

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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
DELTA SHORES DENTISTRY, INC.	82-2596314	0.00	60823
DENTAL CORPORATION OF GILL AND MOKBIL	20-4185758	0.00	277563
DENTAL CORPORATION OF JEDEDIAH HUSS	46-2185544	0.00	161278
DENTAL CORPORATION OF KELLY Y. KIM	20-3065295	0.00	472013
DENTAL CORPORATION OF PAUL AWAD	26-1379538	0.00	951542
DENTAL CORPORATION OF PHI C. HUYNH	20-1783257	0.00	723875
DENTAL CORPORATION OF RITESH KUMAR	45-3010276	0.00	119560
DENTAL CORPORATION OF SANAZ KHALEGHI	83-1571205	0.00	73364
DENTAL CORPORATION OF SOLAIMAN TEHRANI	20-4624633	0.00	522274

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DENTAL OFFICE OF PROSPER, PC	82-2444735	0.08	435428
DENTISTS AT BIG BEND, PA	99-4488299	0.03	42807
DENTISTS AT CHISHOLM TRAIL, PC	84-4203183	0.08	362263
DENTISTS AT LAKEWOOD RANCH, PA	92-2904258	0.04	82656
DENTISTS AT MIDTOWN, PA	83-3631701	0.05	316088
DENTISTS AT WESTCHASE, P.A.	83-1669741	0.04	426680
DENTISTS IN THE GROVE, PA	99-4607138	0.00	12226
DENTISTS OF ARDEN, INC.	83-4398389	0.00	102494
DENTISTS OF ARLINGTON, PC	83-1952399	0.06	195446

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DENTISTS OF ATTLEBORO, PC	82-3436179	0.09	339017
DENTISTS OF BAKERSFIELD AND BAKERSFIELD KIDS' DENTISTRY, INC.	83-1689751	0.00	100834
DENTISTS OF BARFIELD, PC	99-1265860	0.01	34416
DENTISTS OF BELLEVUE, PC	82-2052233	0.04	302091
DENTISTS OF BELTERRA AND ORTHODONTICS, PC	33-3098432	0.02	29923
DENTISTS OF BOCA VILLAGE, PA	88-1137804	0.01	50206
DENTISTS OF BOISE AND ORTHODONTICS, PC	84-4879131	0.02	87784
DENTISTS OF BUFORD, PC	82-4414030	0.04	192105
DENTISTS OF CAMPUS COMMONS, INC.	87-1946556	0.00	377

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DENTISTS OF CANOGA PARK, INC.	47-5426970	19.09	89828192
DENTISTS OF CHAMBLEE, PC	81-4375407	0.02	47837
DENTISTS OF CORAL GABLES, PA	83-1442742	0.02	156638
DENTISTS OF DAVENPORT, PA	93-4777495	0.00	6218
DENTISTS OF DEVINE, PC	84-5164166	0.00	25272
DENTISTS OF DORAL, PA	84-3572124	0.03	192239
DENTISTS OF EAGLE MOUNTAIN, PC	82-1095297	0.06	227185
DENTISTS OF EAST BRAINERD, PC	84-2523780	0.04	194546
DENTISTS OF EAST FALLS CHURCH, PC	39-4350577	0.00	12162

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DENTISTS OF EDEN PRAIRIE, P.C.	81-4729852	0.06	292584
DENTISTS OF EL CERRITO PLAZA, INC.	82-3053885	0.00	62938
DENTISTS OF EL DORADO HILLS, INC.	84-4495721	0.00	61566
DENTISTS OF FAIR OAKS, INC.	90-0359077	0.00	276838
DENTISTS OF FLOWER MOUND, PC	27-1374563	0.00	25993
DENTISTS OF FORT BEND, PC	82-3049742	0.10	572794
DENTISTS OF FORT LAUDERDALE, PA	83-3631193	0.03	131746
DENTISTS OF FORT MYERS, PA	88-2686225	0.03	98352
DENTISTS OF GAINESVILLE, PC	82-1096595	0.04	279945

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DENTISTS OF HANOVER, PC	83-1097471	0.02	140772
DENTISTS OF HIALEAH, PA	99-4558164	0.01	16847
DENTISTS OF HIGHLAND PARK, PC	82-2887828	0.08	493197
DENTISTS OF HOLLYWOOD, PA	87-4294529	0.03	125960
DENTISTS OF HUDSON OAKS AND ORTHODONTICS, PC	84-2249715	0.06	301173
DENTISTS OF KATY PARK, PC	99-4387027	0.02	51245
DENTISTS OF KISSIMMEE, PA	33-3371813	0.00	8702
DENTISTS OF LAKE WORTH, PC	82-4232158	0.04	281771
DENTISTS OF LAKELAND, PA	82-5100089	0.05	290091

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DENTISTS OF LENEXA, P.A.	87-1834790	0.06	307423
DENTISTS OF LEXINGTON, PC	82-3018524	0.05	368582
DENTISTS OF LODI, INC.	83-1265339	0.00	34295
DENTISTS OF MAGNOLIA, PC	93-3869977	0.03	73180
DENTISTS OF MAITLAND, PA	33-2405036	0.01	28037
DENTISTS OF MANSFIELD, PC	83-1931247	0.05	234393
DENTISTS OF MELBOURNE, PA	82-4030927	0.02	91065
DENTISTS OF MIAMI GARDENS, PA	84-4874848	0.03	133667
DENTISTS OF MIDLOTHIAN AND ORTHODONTICS, PC	82-5283267	0.10	380788

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DENTISTS OF MITCHELL RANCH, PA	86-2122459	0.03	117977
DENTISTS OF MONTGOMERY, PC	82-2990081	0.08	498923
DENTISTS OF MOORE AND ORTHODONTICS, PC	85-1864662	0.00	211
DENTISTS OF NAMPA, P.C	33-3631933	0.00	8895
DENTISTS OF NONA, PA	85-2905376	0.06	340060
DENTISTS OF NORTHPARK, PC	86-2745072	0.01	75817
DENTISTS OF OAKLAND PARK, PA	88-2731861	0.03	139093
DENTISTS OF OCOEE, PA	84-2507350	0.05	309782
DENTISTS OF PALM BEACH GARDENS, PA	83-2253738	0.05	235667

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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 PINES, PA	82-5090576	0.05	346455
DENTISTS OF PLANO, PC	33-3163439	0.01	12106
DENTISTS OF PORT CHARLOTTE, PA	84-3026378	0.04	154026
DENTISTS OF RICHMOND, PC	88-1858633	0.03	147069
DENTISTS OF RIVERSTONE, PC	83-3313266	0.06	289194
DENTISTS OF RIVERVIEW, PA	83-1530206	0.01	135651
DENTISTS OF ROWLETT, PC	84-2847758	0.03	126378
DENTISTS OF ROYAL PALM, PA	83-4369457	0.02	133205
DENTISTS OF SANFORD, PA	83-4612870	0.02	84701

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Part II Participating Employer Information (Continued).

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DENTISTS OF SAVAGE, P.C.	81-3844114	0.02	85362
DENTISTS OF SILVER SPRING, LLC	85-2965662	0.09	367636
DENTISTS OF SOUTH NAPLES, PA	83-1572005	0.05	313372
DENTISTS OF SOUTHSIDE, PA	39-3887760	0.00	3957
DENTISTS OF STERLING, PC	82-0855743	0.04	201526
DENTISTS OF STICKNEY POINT, PA	88-2958086	0.03	76281
DENTISTS OF STONE OAK, PC	83-2253525	0.04	295325
DENTISTS OF STUDIO CITY, INC.	83-4160536	0.00	22408
DENTISTS OF VISTA, PA	99-4608689	0.01	16671

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Part II Participating Employer Information (Continued).

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DENTISTS OF WACO, PC	84-3306537	0.00	91212
DENTISTS OF WEST ASHLEY, PC	99-1022811	0.02	30670
DENTISTS OF WEST COLUMBIA, PC	83-1443647	0.02	147023
DENTISTS OF WEST ST. PAUL, PC	88-2084946	0.02	103435
DENTISTS OF WHITE ROCK, PC	84-3347969	0.05	365409
DENTISTS OF WINTER PARK, PA	84-2507489	0.05	153035
DENTISTS OF WINTER SPRINGS, PA	83-1095622	0.03	32623
DENTISTS OF WOODBURY, PC	83-3401191	0.08	369223
DENTISTS ON BISCAYNE, PA	33-2363393	0.01	19368

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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 ON MONUMENT, PA	39-3375236	0.00	8
DENTON MODERN DENTISTRY AND ORTHODONTICS, PC	47-1433162	0.05	185366
DERBY MODERN DENTISTRY, P.A.	83-3567951	0.05	209370
DESERT VALLEY DENTAL GROUP, INC.	33-0843444	0.00	301108
DHAMA AND KADAKIA DENTAL CORPORATION	06-1641366	0.00	491731
DIANA DO-YABUT DENTAL CORPORATION	20-1868462	0.00	982673
DIMITRI DENTAL CORPORATION	20-1308475	0.00	492957
DOCTOR PHILLIPS MODERN DENTISTRY, PA	81-1949110	0.04	339668
DONELSON SMILES DENTISTRY, PC	47-4052054	0.02	212984

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DOWNTOWN SD MODERN DENTISTRY, INC.	47-4982361	0.00	82626
DO-YABUT AND TRAN DENTAL CORPORATION	20-1795401	0.00	323210
EAGAN SMILES DENTISTRY, P.C.	47-4832628	0.04	240361
EAGLE SMILES DENTISTRY AND ORTHODONTICS, PC	46-1799098	0.04	344557
EAST OAKS DENTAL GROUP, INC.	20-3355339	0.00	408533
EDGEWOOD SMILES DENTISTRY, PC	84-2368811	0.03	228903
EDINA MODERN DENTISTRY, PC	39-2410789	0.00	4288
EKIZIAN AND ELIE DENTAL CORPORATION	20-8808196	0.00	161974
ELDORADO SMILES AND ORTHODONTICS, PC	26-3071684	0.06	235353

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ELIE DENTAL CORPORATION	20-1868419	0.00	504154
ELIE PROFESSIONAL DENTAL CORPORATION	57-1166646	0.00	842504
ELK GROVE DENTAL GROUP, INC.	26-0189776	0.00	882351
EMERALD SMILES DENTISTRY, PC	88-2749229	0.02	89809
EMILY WU DENTAL CORPORATION	47-1581770	0.00	145572
ENDODONTICS HEALTH GROUP-GA, PC	93-4028829	0.01	54336
ESTERO SMILES DENTISTRY, PA	84-5127986	0.06	228047
ESTRADA FLAMINGO SMILES, PC	27-3147586	0.03	395470
EVANS SPRING VALLEY DENTIST OFFICE, PC	47-4703621	0.01	172562

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FADDIS DENTISTS OF NORTH LAS VEGAS, PC	82-1271826	0.07	521124
FAIRFAX MODERN DENTISTRY, PC	82-5230240	0.04	158180
FAIRFIELD DENTISTS, INC.	46-3908217	0.00	427078
FAIRVIEW HEIGHTS DENTISTRY, PLLC	84-2130768	0.00	16228
FALLS CHURCH MODERN DENTISTRY, PC	83-3730228	0.06	307279
FARRAGUT MODERN DENTISTRY, PC	83-2993131	0.04	303649
FAYETTEVILLE SMILES DENTISTRY, PC	47-2283359	0.05	242390
FEDOR DENTAL CORPORATION	83-1056779	0.00	47882
FIG GARDEN DENTAL GROUP, INC.	46-5618399	0.00	24689

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FIREWHEEL MODERN DENTISTRY, PC	46-3809450	0.06	499410
FISHHAWK MODERN DENTISTRY, PA	84-3695479	0.00	1312
FLORENCE MODERN DENTISTRY, PLLC	99-0816017	0.02	25522
FLORENCE SMILES DENTISTRY, PLLC	84-4533929	0.07	160806
FONTAINEBLEAU DENTISTRY, PA	81-0802675	0.07	510392
FORNEY MODERN DENTISTRY AND ORTHODONTICS, PC	27-0777146	0.13	1115716
FORT MILL SMILES DENTISTRY, PC	86-3212650	0.02	92284
FORT MYERS MODERN DENTISTRY, PA	99-2973472	0.02	36490
FOXCHASE DENTAL GROUP, PC	87-4591254	0.04	137247

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FRAMINGHAM MODERN DENTISTRY, PC	99-0636307	0.01	31664
FREDERICKA SALBO	20-3200949	0.00	1142335
FREDERICKA SALBO, D.M.D., ENDODONTICS HEALTH GROUP-LA, A PROFESSIONA	99-3626126	0.00	8995
FREEMAN LAS VEGAS MODERN DENTISTRY, PC	45-2993092	0.13	1618022
FRIENDSWOOD MODERN DENTISTRY, PC	47-5186364	0.07	474739
FRISCO CROSSING DENTAL GROUP AND ORTHODONTICS, PC	84-4688954	0.03	178488
FRISCO CUSTER STAR DENTAL GROUP, PC	27-3959669	0.06	627558
FULSHEAR MODERN DENTISTRY, PC	81-3802222	0.04	109196
GAFFINO AND REAGAN DENTAL CORPORATION	45-2827534	0.00	312454

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GAITHERSBURG MODERN DENTISTRY, LLC	93-2331125	0.04	61502
GALLATIN SMILES DENTISTRY, PC	81-2834429	0.02	100052
GATEWAY DENTAL GROUP, INC.	26-3363237	0.00	91100
GERALD LOPEZ, D.D.S., INC.	26-1379336	0.00	571196
GHAZAL DENTAL CORPORATION	33-0958380	0.00	1263874
GILL AND SAMBANGI DENTAL CORPORATION	33-0958384	0.00	1292093
GILL PROFESSIONAL DENTAL CORPORATION	26-1379128	0.00	867435
GLADE MODERN DENTISTRY AND ORTHODONTICS, PC	46-2664322	0.05	293048
GLADSTONE SMILES DENTISTRY, PC	83-0782916	0.00	54647

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GLENWOOD PARK DENTISTRY, PC	81-2613261	0.05	412951
GOGILTAN-WAXLER AND SETAREH DENTAL CORPORATION	20-4184647	0.00	563447
GRAND LAKES DENTAL GROUP AND ORTHODONTICS, PC	46-1571183	0.03	300189
GRAND PRAIRIE MODERN DENTISTRY, PC	84-3153685	0.03	87414
GRANT PARK DENTISTRY, PC	47-3368419	0.06	291907
GREEN VALLEY DENTAL GROUP, INC.	26-0336730	0.00	349565
GREENHAVEN MODERN DENTISTRY, INC.	84-3088015	0.00	30747
GRESHAM MODERN DENTISTRY, PC	46-1574093	0.06	294381
GROVE DENTAL GROUP AND MY KID'S DENTIST, INC.	20-3397598	0.00	1259045

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GULATI HIGHLANDS DENTISTRY, PC	84-4715776	0.04	297059
GURON DENTISTS OF SPRING VALLEY, PC	81-4017924	0.02	201616
GURU WEST CHESTER MODERN DENTISTRY PC, INC.	84-5177140	0.03	635169
HABASHI DENTAL CORPORATION	20-2743030	0.00	293281
HALIE GULLEY, D.D.S., O'FALLON MODERN DENTISTRY, PC	46-3537630	0.08	570147
HAMBIK OKTANYAN DENTAL CORPORATION	20-8337771	0.00	509923
HAMNER DENTAL GROUP AND MY KID'S DENTIST, INC.	20-3355698	0.00	1043681
HANOVER SMILES DENTAL GROUP AND ORTHODONTICS, PC	46-2180298	0.04	230968
HAPPY VALLEY MODERN DENTISTRY, PC	88-1100632	0.01	38030

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HARBOR CITY MODERN DENTISTRY, INC.	61-1933806	0.00	34060
HARPERS KIDS DENTISTRY AND ORTHODONTICS, PC	39-3405261	0.00	1246
HARPER'S PRESERVE DENTISTRY, PC	84-3051844	0.04	179502
HARRINGTON KEYSTONE MODERN DENTISTRY, PC	33-4621042	0.00	9726
HARRINGTON LEMMON VALLEY DENTAL GROUP, PC	47-4661062	0.08	738373
HARRIS SPRING DENTAL GROUP, PC	46-5160988	0.06	541613
HEJAZI DENTAL CORPORATION	82-3554326	0.00	109328
HEMET MODERN DENTISTRY, INC.	82-5392216	0.00	85492
HENDERSONVILLE SMILES DENTISTRY, PC	82-1439729	0.01	46256

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HENRY NGUYEN DENTAL CORPORATION	47-3647384	0.00	229280
HERITAGE MODERN DENTISTRY, PC	45-4229579	0.06	799692
HERMITAGE MODERN DENTISTRY, PC	86-3767081	0.04	149794
HERNANDEZ AND ZAKLAMA DENTAL CORPORATION	33-0958377	0.00	184867
HERNANDEZ ROCKSPRINGS DENTAL GROUP, PC	20-5338830	0.01	311204
HERNDON MODERN DENTISTRY, PC	84-3564401	0.02	89691
HICKORY CREEK DENTAL GROUP AND ORTHODONTICS, PC	27-0744922	0.04	355758
HICKORY PLAZA DENTAL GROUP, PC	87-0883538	0.02	48336
HILLSBORO DENTIST OFFICE, PC	82-2051540	0.01	88383

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HILLSBORO MODERN DENTISTRY, PC	46-4246016	0.12	596246
HILLTOP SMILES, PC	45-5395657	0.04	581382
HINDERBERGER DENTAL CORPORATION	84-2205686	0.00	53222
HIRAM DENTAL GROUP, PC	46-5352404	0.05	547384
HOMESTEAD MODERN DENTISTRY, PA	84-3871037	0.03	203229
HOOSHYAR SPARKS MARINA DENTISTRY, PC	47-3817118	0.02	169621
HOPKINS CROSSROADS DENTISTRY, PC	84-4679922	0.02	88353
HOYLE DENTISTS OF GREEN VALLEY, PC	33-1417288	0.02	40404
HSIEH AND CHUNG DENTAL CORPORATION	26-0867494	0.00	349811

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HULEN MODERN DENTISTRY, PC	27-2953792	0.03	336663
HURST MODERN DENTISTRY AND ORTHODONTICS, PC	99-1500502	0.02	42141
HUTTO MODERN DENTISTRY, PC	81-3882878	0.02	128149
HUYNH AND HABASHI DENTAL CORPORATION	81-3383755	0.00	153072
IOWA STREET DENTAL GROUP, P.A.	88-3113191	0.04	166970
JACKSON AND AULICK DENTAL CORPORATION	75-3074597	0.00	732949
JACKSON AND LEE DENTAL CORPORATION	20-5700093	0.00	311833
JACOB DENT, D.D.S., BATON ROUGE MODERN DENTISTRY, A PROFESSIONAL COR	81-3442396	0.03	87973
JACOB DENT, D.D.S., COVINGTON DENTAL GROUP, A PROFESSIONAL CORPORA	93-2736064	0.02	32826

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Part II Participating Employer Information (Continued).

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JACOB DENT, D.D.S., DENTISTS OF LAKE CHARLES, A PROFESSIONAL CORPORA	82-3017360	0.09	544987
JACOB DENT, D.D.S., DENTISTS OF MANDEVILLE, A PROFESSIONAL CORPORATION	84-3796016	0.03	95586
JACOB DENT, D.D.S., DENTISTS OF METAIRIE, A PROFESSIONAL CORPORATION	84-3352434	0.06	269714
JACOB DENT, D.D.S., ELMWOOD MODERN DENTISTRY, A PROFESSIONAL CORPORA	39-2422038	0.00	10017
JACOB DENT, D.D.S., MILLERVILLE DENTAL GROUP, PC	82-3005362	0.02	57761
JADALI-ARAGHI AND NOSTI DENTAL CORPORATION	26-1928752	0.00	461568
JADALI-ARAGHI DENTAL CORPORATION	47-1387549	0.00	283110
JADE GILBERT DENTAL CORPORATION	20-2821736	0.00	623002
JAISWAL AND DALTON DENTAL CORPORATION	26-0714988	0.00	374666

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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
JANTZEN BEACH MODERN DENTISTRY, PC	46-4246269	0.00	7100
JARED PEARSON, D.D.S., MY KID'S DENTIST AND ORTHODONTICS, PC	83-2714098	0.02	67499
JEDEDIAH HUSS DENTAL CORPORATION	20-8919118	0.00	301587
JEFFERSON AND SCHMIDT DENTAL CORPORATION	26-0152018	0.00	1661515
JENNIFER HERBERT DENTAL CORPORATION	82-4653683	0.00	57249
JESSICA NGUYEN DENTAL CORPORATION	47-4381606	0.00	179050
JETT FERRY DENTAL GROUP, PC	46-5267941	0.00	33428
JIMMY CHEUNG DENTAL CORPORATION	26-1438630	0.00	240027
JOAN THANH TO DENTAL CORPORATION	81-1589720	0.00	159179

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JOESTING DENTAL CORPORATION	20-4652066	0.00	124084
JOHN C. NOSTI, D.D.S., INC.	47-3549927	0.00	154888
JOHN HOLMES, D.D.S., BELTON MODERN DENTISTRY, PC	46-0929087	0.07	464232
JOHN NOSTI DENTAL CORPORATION	38-3942042	0.00	5117
JOHNSON FERRY DENTISTRY, PC	46-3473074	0.06	605769
JONATHAN NGUYEN, D.D.S., DENTISTS OF SLIDELL, A PROFESSIONAL CORPORA	81-4944535	0.06	349678
JORDAN DOUGLAS DENTAL CORPORATION	83-3771829	0.00	57219
JOSEPH HANNA, D.D.S., INC.	82-4523721	0.00	40368
JOSHUA GIROD, D.D.S., ACADIAN MODERN DENTISTRY, A PROFESSIONAL CORPO	47-5170078	0.05	324316

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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
JUSTIN MERCER DENTAL CORPORATION	82-1928969	0.00	3743
KANG RENO MODERN DENTISTRY, PC	46-1410369	0.11	953011
KANSAGRA AND NGUYEN DENTAL CORPORATION	20-4023989	0.00	616176
KANSAGRA BECKETT RIDGE MODERN DENTISTRY PC, INC.	99-0791951	0.01	14844
KANSAGRA DENTISTS AT HYDE PARK PLAZA, PC, INC.	83-4336179	0.06	196193
KANSAGRA DENTISTS OF SHARONVILLE PC, INC.	88-1620734	0.02	51626
KANSAGRA DENTISTS OF UPPER ARLINGTON PC, INC.	33-4114978	0.00	4881
KANSAGRA DENTISTS OF WESTWOOD PC, INC.	83-3301916	0.01	80018
KANSAGRA MASON MODERN DENTISTRY PC, INC.	84-4024437	0.01	125083

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KARIM ZAKLAMA DENTAL CORPORATION	47-4959187	0.00	355971
KARIMZADA SILVERADO RANCH DENTISTRY, PC	83-3457455	0.02	176149
KATAYOUN SETAREH DENTAL CORPORATION	26-4428996	0.00	350886
KATHERINE BABINEAUX, D.D.S., LAFAYETTE MODERN DENTISTRY, A PROFESSIO	47-5199871	0.09	556067
KATY HIGHLANDS DENTAL GROUP, PC	46-5766919	0.05	416382
KATY MODERN DENTISTRY AND ORTHODONTICS, PC	45-4864660	0.06	824068
KELLER MODERN DENTISTRY AND ORTHODONTICS, PC	47-2364760	0.05	263846
KENNESAW MODERN DENTISTRY, PC	88-0541581	0.02	33196
KEVIN CHUNG DENTAL CORPORATION	46-4406778	0.00	213978

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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
KHAKWANI AND MOHAMMAD MEDICAL, PC	88-4367112	0.18	1190033
KHAKWANI MEDICAL CORPORATION, PC	81-1476918	0.12	201456
KHALED ENTABI DENTAL CORPORATION	46-4888555	0.00	190287
KHATTAK DENTAL CORPORATION	20-4320661	0.00	220894
KHAZALI DENTAL CORPORATION	20-4185266	0.00	321262
KILLEEN MODERN DENTISTRY, PC	82-4196741	0.03	686722
KILLIAN DENTISTRY, PC	82-2629930	0.05	357513
KIM AND DO-YABUT DENTAL CORPORATION	86-3746883	0.00	2430
KIM HENDERSON KIDS' DENTISTRY, PC	93-1356377	0.01	55166

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KINGWOOD SMILES DENTISTRY, PC	81-5249867	0.05	292735
KISSIMMEE MODERN DENTISTRY, PA	33-4634405	0.00	3604
KITTY HAWK SMILES DENTISTRY AND ORTHODONTICS, PC	45-4879929	0.04	459592
KNAPKE BLUE ASH MODERN DENTISTRY, PC, INC.	88-1120839	0.04	162719
KNOLLWOOD DENTISTRY, PC	47-3390952	0.03	169867
KRAMER AND NGUYEN DENTAL CORPORATION	81-3418097	0.00	135824
KYLE BOYCE, D.D.S., SUMMIT MODERN DENTISTRY, P.C.	46-4296969	0.07	535026
LA JOLLA VILLAGE SMILES DENTISTRY, INC.	46-3930210	0.00	223991
LA VERNE DENTAL GROUP, INC.	77-0595456	0.00	192995

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LADUE DENTAL GROUP, P.C.	47-3141747	0.03	130804
LADY LAKE SMILES DENTISTRY, PA	81-2569715	0.07	393724
LAKE BARCROFT DENTAL GROUP, PC	84-3320667	0.06	255289
LAKE BUTLER DENTAL GROUP, PA	92-1299085	0.02	63297
LAKE CONROE DENTISTRY, PC	46-2933105	0.07	330778
LAKE JACKSON MODERN DENTISTRY, PC	47-4421075	0.04	476875
LAKE MARY MODERN DENTISTRY, PA	82-1004607	0.04	229963
LAKE OSWEGO MODERN DENTISTRY, PC	84-3879385	0.01	69290
LAKE WORTH MODERN DENTISTRY, PA	84-4513630	0.03	128628

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LAKE WYLIE MODERN DENTISTRY, PC	84-2609285	0.03	141380
LAKELAND MODERN DENTISTRY, PA	82-2837300	0.05	169763
LANCASTER MODERN DENTISTRY, INC.	47-3755091	0.00	60136
LA-PHAM DENTAL CORPORATION	82-1272607	0.00	153113
LARGO MODERN DENTISTRY, PA	39-3500181	0.00	311
LATSHIKYAN DENTAL CORPORATION	82-3247430	0.00	89554
LAU AND PARK DENTAL CORPORATION	81-1661753	0.00	161280
LAWRENCEVILLE DENTIST OFFICE, PC	81-1433084	0.00	9679
LEAGUE CITY MODERN DENTISTRY AND ORTHODONTICS, PC	46-0702599	0.04	754242

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LEAGUE CITY SMILES DENTISTRY, PC	47-4424241	0.06	648149
LEANDER MODERN DENTISTRY, PC	87-4461104	0.04	131401
LEE AND NOSTI DENTAL CORPORATION	26-2506956	0.00	543427
LEE AND WOO DENTAL CORPORATION	52-2248400	0.00	162362
LEE DEER SPRINGS MODERN DENTISTRY, PC	46-1193475	0.04	765750
LEE MLK DENTAL GROUP, PC	20-4714412	0.05	1020720
LEE AND SAMBANGI DENTAL CORPORATION	47-1867430	0.00	590425
LEE, WATANABE AND NOSTI DENTAL CORPORATION	20-1783485	0.00	789778
LEESBURG MODERN DENTISTRY, PC	88-3629609	0.00	34380

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LEESBURG MODERN DENTISTRY, PC	88-3629609	0.02	26844
LEGENDS DENTAL GROUP, P.A.	46-2888285	0.05	549035
LENG AND CHOKKA DENTAL CORPORATION	33-0842158	0.00	549005
LEON SPRINGS MODERN DENTISTRY, PC	86-2857548	0.03	184580
LEXINGTON MODERN DENTISTRY, PC	83-2282302	0.01	63492
LIGON MARYLAND PARKWAY SMILES DENTISTRY, PC	84-2765335	0.02	205100
LIN HENDERSON DENTAL GROUP, PC	26-1771124	0.04	828893
LIN, PHAM AND NAKAKI DENTAL CORPORATION	26-1400094	0.00	677128
LINDA BANG DENTAL CORPORATION	20-0377582	0.00	641790

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LITTLE ELM DENTISTRY AND ORTHODONTICS, PC	82-5444713	0.07	265799
LIVERMORE SMILES DENTISTRY, INC.	46-1281187	0.00	345591
LOGANVILLE DENTIST OFFICE, PC	81-3194054	0.05	504086
LOOMBA DENTAL CORPORATION	26-2332942	0.00	499833
LUCKOOR QUEENSRIDGE MODERN DENTISTRY PC	88-4186165	0.07	232937
LUTZ DENTIST OFFICE, PA	93-2501676	0.04	93982
LY DENTISTS OF KENWOOD PC, INC.	99-3415270	0.03	51466
LYNN AND NGUYEN DENTAL CORPORATION	20-3463636	0.00	702813
MACON DENTIST OFFICE, PC	81-1424364	0.00	2604

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MAGAR AND SHARIFIAN DENTAL CORPORATION	45-2449446	0.00	710842
MAGAR AND SMITH DENTAL CORPORATION	82-5461270	0.00	126
MAGNOLIA MODERN DENTISTRY, PC	99-3865439	0.02	36531
MAIN STREET DENTAL GROUP, INC.	20-3036625	0.00	148106
MANNEM AND GHAZAL DENTAL CORPORATION	20-3486404	0.00	218927
MANSFIELD SMILES AND ORTHODONTICS, PC	45-3204149	0.04	272309
MAPLE GROVE SMILES DENTISTRY, PC	47-4442431	0.03	95465
MARCOS MAGAR DENTAL CORPORATION	84-1898004	0.00	97614
MARKET WEST DENTAL GROUP, INC.	20-4515941	0.00	312147

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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
MARKETPLACE DENTISTRY, P.A.	82-4690890	0.00	23130
MARKETPLACE SMILES DENTISTRY, INC.	32-0453073	0.00	193462
MARTIN GALSTYAN DENTAL CORPORATION	81-2921204	0.00	31588
MARTINEZ MACDONALD RANCH MODERN DENTISTRY, PC	46-3544011	0.05	511019
MARYVILLE MODERN DENTISTRY, PC	83-1804774	0.03	160751
MASAKI DURANGO DENTAL GROUP, PC	20-4714507	0.05	733592
MATTHEW H. YIP, D.D.S., TIFFANY SPRINGS DENTAL GROUP, PC	46-0939677	0.07	407888
MATTHEW YIP, D.D.S., LIBERTY DENTAL GROUP, P.C.	47-4982164	0.07	695834
MATTHEW YIP, D.D.S., PARKVILLE MODERN DENTISTRY, P.C.	46-2876552	0.08	910998

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MAYBERRY DENTAL CORPORATION	20-2546329	0.00	363357
MCALISTER DENTISTRY, PC	92-3347095	0.04	88405
MCDONOUGH DENTAL CORPORATION	84-3032566	0.00	26336
MCEVOY SPARKS MODERN DENTISTRY, PC	86-2649211	0.06	298413
MCKINNEY DENTAL GROUP AND ORTHODONTICS, PC	26-2955359	0.05	228266
MCMURRAY DENTAL CORPORATION	33-0819873	0.00	706285
MELISSA MODERN DENTISTRY, PC	39-2784787	0.00	677
MEMORIAL MODERN DENTISTRY, PC	81-3768203	0.00	88094
MENIFEE DENTAL GROUP, INC.	26-4309611	0.00	632668

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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
MERCER AND SHAKIL DENTAL CORPORATION	26-1339230	0.00	1353184
MERIDIAN SMILES DENTISTRY, PC	46-1176304	0.01	52176
MESQUITE DENTAL GROUP, PC	27-2462884	0.07	608340
MEYERLAND MODERN DENTISTRY, PC	84-3897769	0.04	314044
MIAMI SHORES MODERN DENTISTRY, PA	81-1541400	0.09	667727
MICHAEL WONG DENTAL CORPORATION	85-2818720	0.00	33881
MILFORD DENTIST OFFICE, PC	83-2251257	0.05	150822
MIRAMAR MODERN DENTISTRY, PA	87-1357015	0.06	235787
MISSOURI FLAT DENTAL GROUP, INC.	47-2207415	0.00	61164

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MODESTO MODERN DENTISTRY, INC.	47-5260114	0.00	136546
MODESTO SMILES DENTISTRY, INC.	82-2758183	0.00	91084
MOFRAD RAMPART DENTAL GROUP, PC	47-4624729	0.06	572842
MOKBIL DENTAL CORPORATION	82-1750776	0.00	129004
MONCKS CORNER DENTAL GROUP, PC	92-1947844	0.03	51991
MORTON RANCH SMILES DENTISTRY, PC	82-1371913	0.09	680241
MOSHAR DENTAL CORPORATION	81-1094092	0.00	303447
MOUNT DORA MODERN DENTISTRY, PA	81-4466761	0.06	288052
MOUNT VERNON MODERN DENTISTRY, PC	83-1872042	0.03	118891

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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
MT. JULIET DENTAL GROUP, PC	81-2951413	0.02	100111
MT. JULIET MODERN DENTISTRY, PC	88-2248645	0.02	67778
MUGLESTON DENTISTS OF HENDERSON, PC	92-3982534	0.04	67230
MUGLESTON DENTISTS OF ST. ROSE, PC	84-2583004	0.07	354030
MUGLESTON HENDERSON MODERN DENTISTRY, PC	45-4612311	0.08	1192038
MUGLESTON HORIZON RIDGE MODERN DENTISTRY, PC	84-4827557	0.02	255202
MUGLESTON RANCH PLAZA DENTAL GROUP, PC	20-8899851	0.02	262140
MURAYAMA DENTAL CORPORATION	20-1868335	0.00	672308
MURFREESBORO MODERN DENTISTRY, PC	82-2690574	0.03	160002

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MURFREESBORO SMILES DENTISTRY, PC	81-3683237	0.05	305561
MY KID'S DENTIST OVERLAND PARK, P.A.	39-4021497	0.00	4892
NADA HANNA DENTAL CORPORATION	03-0477150	0.00	853589
NAGLEE DENTAL GROUP, INC.	83-0770292	0.00	120132
NAM DANG DENTAL CORPORATION	45-2570626	0.00	153134
NAM DANG, D.D.S., INC.	20-1783377	0.00	1131094
NAPLES BAY DENTAL GROUP, PA	87-2577386	0.03	125542
NAPLES MODERN DENTISTRY, PA	83-3678982	0.05	276785
NAPLES SMILES DENTISTRY, PA	84-3351585	0.04	250347

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NAPPOLY DENTAL CORPORATION	83-3773909	0.00	35267
NATALIE LE DENTAL CORPORATION	47-4904331	0.00	169815
NAVEJAS CARPIO DENTAL CORPORATION	83-2865075	0.00	63178
NAZARENO AND NOSTI DENTAL CORPORATION	81-3508923	0.00	72033
NETWORK OF MINNESOTA DENTAL PROVIDERS PC	47-1072124	0.12	674400
NETWORK OF TEXAS DENTAL PROVIDERS	46-2727726	0.63	2839262
NEW BRAUNFELS MODERN DENTISTRY, PC	81-3446260	0.07	540494
NEW CANEY SMILES DENTISTRY, PC	93-2477689	0.02	49208
NGUYEN AND REAGAN DENTAL CORPORATION	20-2957890	0.00	658935

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NGUYEN AND WATANABE DENTAL CORPORATION	52-2223524	0.00	471625
NGUYEN GAHANNA MODERN DENTISTRY PC, INC.	33-4136518	0.00	5097
NGUYEN OAKLEY DENTAL GROUP PC, INC.	87-3245696	0.03	99074
NICOLE SMITH DENTAL CORPORATION	46-3558980	0.00	205423
NOLENSVILLE SMILES DENTISTRY, PC	92-2143701	0.02	74273
NONA DENTISTS 3, PA	84-4492234	0.01	68481
NONA DENTISTS, PA	82-2090887	0.12	673196
NOOR RAHIMI DENTAL CORPORATION	27-4024006	0.00	493944
NORTH ANDOVER MODERN DENTISTRY, PC	39-2925251	0.00	2689

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NORTH CYPRESS SMILES DENTISTRY, PC	81-4587977	0.04	205471
NORTH DECATUR DENTISTRY, PC	81-4727774	0.02	249344
NORTH KENDALL DENTISTS, PA	92-2539216	0.03	75417
NORTHEAST DALLAS DENTISTRY, PC	83-2171338	0.08	330484
NORTHSHORE SMILES DENTISTRY, PC	82-4787461	0.05	232869
NOSTI AND REAGAN DENTAL CORPORATION	20-0917538	0.00	948933
NOVATO SMILES DENTISTRY, INC.	37-1762461	0.00	14213
NRH MODERN DENTISTRY, PC	81-0799418	0.00	76979
NUT TREE SMILES DENTISTRY, INC.	45-3982436	0.00	389685

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NW DENTISTRY AND ORTHODONTICS, PC	46-2674401	0.05	332291
OAK FOREST DENTAL GROUP AND ORTHODONTICS, PC	46-1163237	0.11	953501
OAK GROVE DENTAL GROUP, INC.	20-5672922	0.00	485813
OAK RIDGE SMILES DENTISTRY, PC	82-5209001	0.04	233201
OAKLAND PARK MODERN DENTISTRY, PA	81-1418857	0.05	383528
OAKS SMILES DENTAL GROUP, PC	46-2927453	0.00	26508
ODESSA MODERN DENTISTRY, PA	99-0846572	0.02	38203
O'DONNELL DENTAL CORPORATION	20-1782295	0.00	670750
OKTANYAN DENTAL CORPORATION	46-2950135	0.00	214520

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OLATHE DENTAL GROUP, P.A.	81-1347951	0.06	488398
OLATHE SOUTH DENTISTRY, P.A.	83-1221418	0.09	400873
OLATHE WEST DENTISTRY, P.A.	84-2978977	0.07	435233
OLNEY MODERN DENTISTRY, LLC	88-2679156	0.05	191933
OVERLAND PARK MODERN DENTISTRY, P.A.	46-4091613	0.04	215226
OVIEDO SMILES DENTISTRY, PA	82-4058604	0.05	383748
OWEIS UNION VILLAGE MODERN DENTISTRY, PC	86-2941571	0.07	350341
OXNARD MODERN DENTISTRY, INC.	84-1928279	0.00	53903
OXNARD SMILES DENTISTRY, PC	83-4375993	0.00	42178

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PACIFIC DENTAL GROUP, INC.	20-4184405	0.00	128803
PACIFIC DENTAL SERVICES FOUNDATION	45-5083789	0.06	292719
PACIFIC DENTAL SERVICES LLC	33-0681491	44.50	306547885
PACKWOOD CREEK DENTAL GROUP, INC.	47-2379550	0.00	334956
PANDHOH DENTAL CORPORATION	26-2283630	0.00	271627
PARK AND SAMBANGI DENTAL CORPORATION	26-3278949	0.00	393955
PARK PLACE DENTAL GROUP, INC.	46-2733797	0.00	119625
PARMAR DENTISTS OF EASTGATE PC, INC.	84-3555048	0.06	232779
PARMER MODERN DENTISTRY AND ORTHODONTICS, PC	39-4824755	0.00	72

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PASADENA MODERN DENTISTRY, PC	84-2436918	0.02	82247
PATOLUS OPERATIONS LLC	82-2064666	0.00	121789
PB SMILES DENTISTRY, INC.	47-1382393	0.00	59373
PCH SMILES DENTISTRY, INC.	46-1122798	0.00	410898
PDS COLORADO NETWORK LLP	26-2807851	3.28	23529984
PDS IDAHO-UTAH DENTAL SUPPORT LLC	87-4094561	0.26	1182888
PDS NEW MEXICO SOCO DENTAL SUPPORT, LLC	85-3821363	0.51	2271217
PDS NORTHERN COLORADO DENTAL SUPPORT, LLC	26-2263705	0.00	2204057
PDS SOUTH COLORADO NETWORK LLP	85-4077144	0.00	568241

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PEACHTREE CITY DENTAL GROUP, PC	47-4587096	0.08	518070
PEACHTREE MODERN DENTISTRY, PC	87-4542397	0.03	40329
PEARLAND DENTISTS, PC	47-1183487	0.07	376166
PEARLAND MODERN DENTISTRY, PC	45-4857026	0.17	1662641
PEGGY CHU DENTAL CORPORATION	27-3155238	0.00	691651
PENAFLORIDA DENTAL CORPORATION	20-3947899	0.00	439111
PERALTA DENTISTS OF CARSON CITY, PC	82-2154965	0.04	113331
PERALTA RENO SMILES DENTISTRY, PC	46-2690803	0.05	244919
PERALTA SPANISH SPRINGS MODERN DENTISTRY, PC	46-4871811	0.06	770026

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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	827
PERIODONTICS HEALTH GROUP-SF PA	87-2369592	0.02	130915
PESSAH DENTAL CORPORATION	84-2945981	0.00	34093
PFLUGERVILLE MODERN DENTISTRY, PC	27-4974387	0.08	461056
PHAM PARADISE SMILES DENTISTRY, PC	81-1004194	0.05	500004
PINECREST DENTISTRY, PA	81-4945838	0.04	535493
PINOLE MODERN DENTISTRY, INC.	47-5333463	0.00	143939
PIRASTEHFAR AND HABASHI DENTAL CORPORATION	20-8899105	0.00	382114
PLANO MODERN DENTISTRY, PC	27-3546212	0.05	402661

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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
PLEASANT GROVE DENTAL GROUP, INC.	20-1511064	0.00	1850369
PLEASANT HILL SMILES DENTISTRY, INC.	45-1148679	0.00	386664
PLEASANTON RIDGE DENTAL GROUP, INC.	46-1122636	0.00	223044
PLYMOUTH SMILES DENTISTRY, PC	92-0877622	0.02	31615
PLYMOUTH SMILES DENTISTRY, PC	92-0877622	0.00	16561
PONCE DENTAL GROUP, PC	84-1741325	0.03	278701
PORT ORANGE MODERN DENTISTRY, PA	83-1670256	0.07	287478
PORTLAND MODERN DENTISTRY, PC	83-3750843	0.05	276996
POTRANCO DENTISTRY, PC	84-2382303	0.04	147875

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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
POULSEN DENTAL CORPORATION	82-1987003	0.00	176366
POWDERSVILLE SMILES DENTISTRY, PC	84-2559037	0.02	153457
PRESTON MODERN DENTISTRY, PC	27-2206587	0.00	227708
PRESTON MODERN DENTISTRY, PC	27-2206587	0.06	84727
PRIYADARSHINI BHATIA DENTAL CORPORATION	46-2695379	0.00	464180
QUINN LAS VEGAS MODERN SMILES DENTISTRY, PC	83-2088060	0.01	74863
QUINN STEPHANIE DENTAL GROUP, PC	20-8863082	0.04	476105
QURBAN DENTAL CORPORATION	82-2686779	0.00	100234
RANCHO CORDOVA DENTAL GROUP, INC.	20-4959338	0.00	463670

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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
RANCHO CUCAMONGA SMILES DENTISTRY, INC.	46-2684206	0.00	403644
RANCHO PALOS VERDES DENTISTRY, INC.	81-1087652	0.00	175236
RAYFORD MODERN DENTISTRY, PC	47-4904684	0.11	846823
REAGAN AND PANDHOH DENTAL CORPORATION	20-5181742	0.00	815875
REAGAN DENTAL CORPORATION	33-0863140	0.00	1446421
RED BANK SMILES DENTISTRY, PC	83-2488621	0.06	266000
REDSTONE MODERN DENTISTRY, PC	84-2567230	0.03	205075
REGENCY MODERN DENTISTRY, PA	33-4551972	0.00	9613
RENE DEWENTER DENTAL CORPORATION	26-1367048	0.00	369504

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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
RHO DENTAL CORPORATION	20-1124068	0.00	682511
RICHARD E SCIPIONE, D.D.S., METAIRIE MODERN DENTISTRY, A PROFESSIONA	81-3613094	0.05	454763
RICHFIELD DENTISTRY, P.C.	46-4625566	0.08	590688
RICKY V. TRAN DENTAL CORPORATION	47-2117362	0.00	376808
RITESH KUMAR DENTAL CORPORATION	26-3710603	0.00	508670
RITESH KUMAR, D.D.S., INC.	20-5528026	0.00	992583
RITTU GILL DENTAL CORPORATION	20-3364896	0.00	1171993
RITTU GILL, D.D.S., INC.	86-3294126	0.00	6479
RIVERVIEW SMILES DENTISTRY, PA	92-1604530	0.04	98480

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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
ROANOKE DENTAL GROUP, PC	81-1095381	0.04	242770
ROCK HILL MODERN DENTISTRY, PC	84-3634763	0.03	165573
ROCKWALL MODERN DENTISTRY AND ORTHODONTICS, PC	45-4878028	0.12	924453
ROGERS AND REAGAN DENTAL CORPORATION	48-1262852	0.00	328938
ROGERS PARKWAY MODERN DENTISTRY, PC	82-5284738	0.02	113032
ROHNERT PARK SMILES DENTISTRY, INC.	47-2112168	0.00	171995
ROSWELL SMILES DENTISTRY, PC	47-4514037	0.00	14216
ROUND ROCK DENTISTS, PC	46-1507072	0.07	431244
ROUND ROCK MODERN DENTISTRY, PC	47-2231902	0.05	247416

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Part II Participating Employer Information (Continued).

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RUPALI KEDIA DENTAL CORPORATION	20-1781675	0.00	202201
RUSSELL MODERN DENTISTRY, PC	87-4287793	0.02	56932
SAFARKOOLAN DENTAL CORPORATION	20-4959933	0.00	186120
SALAZAR CENTENNIAL MODERN DENTISTRY, PC	81-3137438	0.03	348640
SALVADOR MELARA DENTAL CORPORATION	47-3476238	0.00	141916
SANAZ KHALEGHI DENTAL CORPORATION	26-3444469	0.00	329257
SANDY PLAINS DENTAL GROUP, PC	84-3944496	0.02	84652
SCHMIDT AND JEFFERSON DENTAL CORPORATION	83-1958865	0.00	122168
SCOTT AND KANSAGRA DENTAL CORPORATION	83-2734715	0.00	58230

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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
SEGUI DENTISTS OF CENTENNIAL HILLS, PC	39-3364373	0.00	822
SERGIO VICUNA, D.D.S., INC.	81-2942672	0.00	141944
SETAREH DENTAL CORPORATION	56-2323856	0.00	388811
SEUNG LEE, D.M.D., INC.	46-2774443	0.00	216173
SHAH AND JEFFERSON DENTAL CORPORATION	46-0806818	0.00	140338
SHAHRESTANI CANYON POINTE DENTAL GROUP, PC	26-0160921	0.04	452979
SHAHRESTANI CHARLESTON SMILES DENTISTRY, PC	83-2815724	0.01	60205
SHAHRESTANI GRAND CANYON MODERN DENTISTRY, PC	99-2647961	0.03	64846
SHAHRESTANI RANCHO SMILES DENTISTRY, PC	93-3397878	0.00	16901

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SHAHRESTANI SHADOW MOUNTAIN SMILES DENTISTRY, PC	83-3358691	0.02	166341
SHAHRESTANI SUNRISE MODERN DENTISTRY, PC	99-0598019	0.03	10932
SHAHRESTANI NORTHWEST RENO SMILES DENTAL GROUP, PC	46-4394010	0.06	378543
SHARIFIAN DENTAL CORPORATION	52-2239042	0.00	1174141
SHAWNEE DENTAL GROUP, PA	47-3363479	0.05	240308
SHENANDOAH SMILES DENTISTRY, PC	47-3083515	0.05	425444
SHERLY SOHAL DENTAL CORPORATION	81-5196711	0.00	156824
SHERWOOD MODERN DENTISTRY, PC	47-2296666	0.00	6330
SHETTY DENTAL CORPORATION	26-1859246	0.00	506377

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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
SHREWSBURY DENTISTRY, PC	82-4670442	0.06	351692
SICAT DIAMOND DENTAL GROUP, PC	26-1748512	0.03	453336
SIENNA MISSOURI CITY MODERN DENTISTRY, PC	45-2092903	0.08	818940
SIERRA COMMONS DENTAL GROUP, INC.	20-5527422	0.00	403107
SIMONIAN DENTAL CORPORATION	20-3355894	0.00	643916
SINGH AND PATEL DENTAL CORPORATION	46-3831031	0.00	30964
SMITH AND SHARIFIAN DENTAL CORPORATION	46-5271971	0.00	335992
SMYRNA DENTIST OFFICE, PC	81-4891077	0.04	332217
SMYRNA MODERN DENTISTRY, PC	47-4812623	0.04	277613

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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
SNELLVILLE SMILES DENTISTRY, PC	47-1495759	0.02	274527
SODO SMILES DENTISTRY, PA	83-2235553	0.03	287507
SONAL SINGH DENTAL CORPORATION	45-5630145	0.00	219314
SONAL SINGH, D.D.S., INC.	20-8884079	0.00	584292
SOOJIN LEE DENTAL CORPORATION	26-0407228	0.00	221193
SOUTH KENDALL DENTISTRY, PA	84-3871349	0.05	218625
SOUTH RIDING MODERN DENTISTRY, PC	83-2987134	0.00	57710
SOUTH RIVER DENTAL GROUP, INC.	26-3362928	0.00	175001
SPM DENTAL GROUP AND ORTHODONTICS, PC	46-2882313	0.06	250696

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SPRING CYPRESS MODERN DENTISTRY, PC	45-4891747	0.06	630671
SPRING HILL MODERN DENTISTRY, PC	83-1217279	0.04	411445
SPRING KLEIN DENTISTRY, PC	81-5485515	0.07	546156
SPRINGFIELD DENTAL GROUP, PC	82-3052058	0.04	192533
SPRINGFIELD MODERN DENTISTRY, PC	88-3679500	0.02	55078
STEVEN WU DENTAL CORPORATION	84-3032642	0.00	27108
STEVEN WU, D.M.D., INC.	84-3037048	0.00	74712
STEVENS RANCH MODERN DENTISTRY, PC	93-2187699	0.04	109545
STILLWATER MODERN DENTISTRY, PC	92-1950958	0.05	131300

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STOCKDALE SMILES DENTISTRY, INC.	46-2598272	0.00	130764
STONE OAK MODERN DENTISTRY, PC	27-3546865	0.09	1008706
STONEBRIDGE MODERN DENTISTRY, PC	99-3157623	0.03	48724
STONECREST DENTAL GROUP, INC.	27-1521664	0.00	171300
STRAWBERRY CREEK DENTAL GROUP, INC.	26-0363947	0.00	441546
SUGAR LAND DENTAL GROUP, PC	45-3564810	0.03	345079
SUGAR LAND MODERN DENTISTRY, PC	27-3945804	0.05	1020759
SUMEET PANDHOH DENTAL CORPORATION	84-4798962	0.00	1396
SUMMERVILLE SMILES DENTAL OFFICE, PC	86-3127155	0.01	19501

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SUMMERWOOD SMILES DENTISTRY, PC	47-1778274	0.04	245680
SWAMPSCOTT MODERN DENTISTRY, PC	99-2920666	0.01	16831
SWATI SHETTY DENTAL CORPORATION	82-4652638	0.00	175716
SYLVAN PARK SMILES DENTISTRY, PC	84-3095189	0.02	121596
SZUTZ DENTAL CORPORATION	46-3575885	0.00	268358
TABA DENTAL CORPORATION	46-3505233	0.00	210714
TAHERIAN AND SHARIFIAN DENTAL CORPORATION	33-0942223	0.00	325338
TAHERIAN DENTAL CORPORATION	52-2211052	0.00	768934
TANG DENTISTS OF WEST HENDERSON, PC	88-2254151	0.02	73580

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TANG SAHARA MODERN DENTISTRY, PC	86-1484470	0.07	182661
TERRI NGUYEN DENTAL CORPORATION	20-0286568	0.00	1194907
THE DENTAL OFFICE OF KATY, PC	99-5042363	0.01	16496
THE DENTAL OFFICE OF LAKEWOOD, INC.	84-2620661	0.00	41304
THE DENTAL OFFICE OF MCKINNEY, PC	88-2115272	0.01	34241
THE DENTAL OFFICE OF RESTON, PC	86-2971494	0.00	4156
THE DENTAL OFFICE ON CLOUD, P.A	39-4433805	0.00	5733
THE GROVES DENTAL GROUP, PC	39-2298347	0.00	135
THE HEIGHTS MODERN DENTISTRY, PC	45-4892002	0.06	663065

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
THE VINTAGE MODERN DENTISTRY, PC	99-2658491	0.02	33264
THE WOODLANDS MODERN DENTISTRY AND ORTHODONTICS, PC	45-2492724	0.07	644544
THOUSAND OAKS DENTAL GROUP, INC.	56-2321616	0.00	1097746
TIGARD MODERN DENTISTRY AND ORTHODONTICS, PC	47-5159856	0.03	372981
TIGARD TRIANGLE SMILES, PC	45-5401206	0.04	288174
TINY TOWN SMILES DENTISTRY, PC	82-3003093	0.04	305167
TOMBALL SMILES DENTISTRY, PC	47-2822599	0.03	150983
TON AND DHAMA DENTAL CORPORATION	26-1414225	0.00	356662
TRACY SMILES, INC.	27-2554720	0.00	488739

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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
TRAILS DENTAL GROUP AND ORTHODONTICS, PC	46-1730637	0.04	316491
TRAN AND LEE DENTAL CORPORATION	86-1910868	0.00	5790
TRAN AND NOSTI DENTAL CORPORATION	45-5328801	0.00	457100
TRAN FORT APACHE DENTAL GROUP, PC	33-3020144	0.00	8696
TRENTON DENTAL GROUP, PC	92-2339867	0.03	95670
TRIANGLE DENTAL GROUP AND MY KID'S DENTIST, INC.	20-2821478	0.00	220531
TRINITY PARK DENTISTRY, PC	88-1139076	0.00	8320
TUALATIN MODERN DENTISTRY, PC	46-1936813	0.01	120091
TYSONS MODERN DENTISTRY, PC	87-4617687	0.01	13615

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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
VACAVILLE DENTISTRY, INC.	81-1588527	0.00	194161
VALA DENTAL CORPORATION	20-2852563	0.00	516235
VANSON DENTAL CORPORATION	82-1748250	0.00	247329
VELAYO GREEN VALLEY SMILES DENTISTRY, PC	47-5334172	0.05	455683
VIERA MODERN DENTISTRY, PA	82-2112086	0.07	348304
VILLAGE DENTISTRY, P.A.	82-4845715	0.07	320128
VILLAGE MODERN DENTISTRY, PA	82-2989436	0.00	8946
VILLAGE SMILES AND ORTHODONTICS, PC	26-2956008	0.03	299304
VILLAGE WEST DENTISTRY, P.A.	83-3264188	0.00	88281

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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
VINCENT TU DENTAL CORPORATION	20-5672837	0.00	231903
VISTA MODERN DENTISTRY, INC.	84-2249108	0.00	6714
VUKOTIC AND OATES DENTAL CORPORATION	81-3804695	0.00	120898
WADHWA DENTAL CORPORATION	26-4612750	0.00	128600
WALKER AND WATANABE DENTAL CORPORATION	52-2228282	0.00	685242
WALTHAM MODERN DENTISTRY, PC	83-2817989	0.07	359415
WASHINGTON DENTAL CORPORATION, PC	46-3111392	3.26	17639729
WATANABE AND ESPELETA PROFESSIONAL DENTAL CORPORATION	20-2643349	0.00	679192
WATANABE AND TRAN DENTAL CORPORATION	88-3150460	0.00	1617953

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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 SHADOW MOUNTAIN DENTAL GROUP, PC	20-8862814	0.06	1152446
WATANABE TOWN CENTER DENTAL GROUP, PC	20-5339044	0.10	1095431
WAXAHACHIE MODERN DENTISTRY, PC	84-3262018	0.05	113005
WESLEY CHAPEL SMILES DENTISTRY, PA	83-2833939	0.02	150942
WEST COBB DENTIST OFFICE, PC	81-5210441	0.04	428526
WEST LAWRENCE DENTISTRY, P.A.	83-2250535	0.06	560237
WEST NASHVILLE SMILES DENTISTRY, PC	88-3358451	0.01	51461
WEST PINES MODERN DENTISTRY, PA	82-1089818	0.01	157634
WEST PLANO MODERN DENTISTRY AND ORTHODONTICS, PC	27-4593376	0.05	877415

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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
WEST ROXBURY MODERN DENTISTRY, PC	93-1973343	0.01	26189
WEST SUNRISE DENTISTRY, PA	47-4698313	0.01	95209
WESTBOROUGH MODERN DENTISTRY, PC	83-2818229	0.00	1969
WESTON MODERN DENTISTRY, PA	81-3787267	0.04	249079
WESTPOINTE MODERN DENTISTRY, PC	27-3945392	0.04	194444
WESTSIDE MODERN DENTISTRY, PC	84-3898051	0.05	174745
WHARTON-LAKE OPTIMUS ENDO, PC	93-4970521	0.02	59673
WHITE BEAR DENTISTS, P.C.	81-1719751	0.07	637190
WILDWOOD DENTISTS, PA	81-0966671	0.06	360836

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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
WILDWOOD MODERN DENTISTRY, PA	33-2640438	0.00	6983
WILSONVILLE SMILES, PC	45-4722517	0.05	463106
WINDERMERE DENTAL GROUP, PC	47-4553474	0.00	24592
WINTER HAVEN MODERN DENTISTRY, PA	84-3753098	0.05	103342
WOLF RANCH DENTAL GROUP, PC	82-2047903	0.08	461946
WOODBRIDGE DENTAL GROUP AND ORTHODONTICS, PC	27-1374795	0.06	326113
WOODBURY SMILES DENTISTRY, P.C.	47-2728749	0.08	634295
WOODLAND SMILES DENTISTRY, INC.	27-1713054	0.00	1191373
WOODRUFF SMILES DENTISTRY, PC	84-2650580	0.02	98645

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).

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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
WOODS DENTAL GROUP AND ORTHODONTICS, PC	46-0692917	0.10	642827
WOODSTOCK DENTISTRY, PC	82-1437049	0.06	336070
WORKINGS AND LAMBRIDIS DENTAL CORPORATION	20-5023743	0.00	110759
YEAM EL DORADO MODERN DENTISTRY, PC	87-3750299	0.02	128571
YEN AND DIMITRI DENTAL CORPORATION	82-1998005	0.00	201819
YIGE ZHAO DENTAL CORPORATION	84-2906789	0.00	91562
YU MOUNTAIN DENTAL GROUP, PC	26-2260433	0.06	494502
ZEYAD ALANI DENTAL CORPORATION	20-0053245	0.00	316046

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

Part III Pooled Employer Plan Information

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

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

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

ACK ID _____



PACIFIC
DENTAL SERVICES™

PACIFIC DENTAL SERVICES, LLC 401(k) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
PDS Health 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 PDS Health 401(k) Plan (the Plan), formerly known as Pacific Dental Services, LLC 401(k) Plan prior to January 1, 2025, 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024 and for the year ended December 31, 2025, 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, 2025 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).



Irvine, California
September 29, 2026

PDS HEALTH 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
ASSETS		
Investments, at fair value	$ 708,059,603	$ 542,031,768
Investment, at contract value	7,312,111	9,373,744
	715,371,714	551,405,512
Receivables:		
Participant contributions	12,335	38,585
Employer contributions, net of forfeitures	870	88,117
Notes receivable from participants	17,713,955	13,814,245
	17,727,160	13,940,947
TOTAL ASSETS	733,098,874	565,346,459
LIABILITIES		
Excess contributions payable	85,112	23,759
NET ASSETS AVAILABLE FOR BENEFITS	$ 733,013,762	$ 565,322,700

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

PDS HEALTH 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 110,311,796
Interest, dividends, and other income	2,464,185
	112,775,981
Interest income on notes receivable from participants	1,290,902
Contributions:	
Participant	87,286,810
Employer, net of forfeitures	12,631,346
Rollover	6,276,619
	106,194,775
Total Additions	220,261,658
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	50,971,076
Administrative expenses	1,599,520
Total Deductions	52,570,596
NET INCREASE	167,691,062
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	565,322,700
END OF YEAR	$ 733,013,762

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

PDS HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 – Description of the Plan

The following description of the PDS Health 401(k) Plan (the Plan), formerly known as Pacific Dental Services, LLC 401(k) Plan prior to January 1, 2025, 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 that covers all eligible employees of Pacific Dental Services, LLC dba PDS Health (formerly known as Pacific Dental Services, LLC prior to January 1, 2025) and participating employers (collectively, the Company), who have completed one month of service. Union employees, certain nonresident aliens, leased employees, trial employees and interns are excluded from the Plan. 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

Each year, participants may contribute up to 80% of pre-tax eligible compensation, as defined in the Plan. In addition, participants may elect to make after-tax (Roth) contributions to the Plan of up to 80% of eligible compensation. Participants who have attained age 50 before the end of the plan 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 whereby 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 increases by 1% each subsequent plan year, up to a maximum of 10% of compensation, unless the employee makes a new salary deferral election.

NOTE 1 – Description of the Plan (Continued)

Contributions (Continued)

The Company may make discretionary matching contributions and discretionary profit-sharing contributions (collectively, the Company's contributions). For the year ended December 31, 2025, the Company made discretionary matching contributions of 33 cents for each dollar contributed by a participant, up to the first 6% of eligible compensation that a participant contributes to the Plan, with a maximum contribution of $1,500 per participant. The Company did not make any discretionary profit-sharing contributions for the year ended December 31, 2025. The Company's contributions are invested as directed by the participant. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

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 or before December 31, 2021, and any former employee of Pacific Dental Services, LLC who is employed by Patolus Operations, LLC effective January 1, 2022, is vested immediately 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.

NOTE 1 – Description of the Plan (Continued)

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.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $1,185,653 and $833,481, respectively. These accounts may first be used to pay administrative expenses, with any remaining forfeitures used to reduce future employer contributions. For the year ended December 31, 2025, forfeited nonvested accounts were used to pay administrative expenses of $412,715 and reduce employer contributions by $3,085,032. In 2026, the Company applied $299,611 of forfeited nonvested accounts to reduce QNEC corrections of $187,664 and the discretionary matching contributions of $111,947 for the year ended December 31, 2025.

NOTE 2 – Summary of 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.

NOTE 2 – Summary of Accounting Policies (Continued)

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.

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 Company's discretionary matching contributions are recorded in the year in which employee contributions are withheld from compensation. The Company's discretionary profit-sharing contributions are recorded in the year in which 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.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2025 and 2024 excess contributions to the applicable participants in August 2026 and June 2025, respectively.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 – Summary of 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.

Reclassifications

Certain amounts in the 2024 financial statements have been reclassified to conform to the 2025 financial statement presentation.

Subsequent Events

Effective January 1, 2026, the Plan was amended to increase the default deferral rate for automatically enrolled participants from 4% to 5% of eligible compensation.

The Plan has evaluated subsequent events through September 29, 2026, 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

NOTE 3 – Certified Investments (Continued)

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

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.

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, 2025 and 2024.

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 the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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: non-interest bearing cash and interest-bearing cash are valued at amortized cost, which approximates fair value; common stock, corporate bonds, preferred stock, options, rights/warrants, and registered investment companies (mutual funds) are valued based on quoted prices at year-end and are actively traded.

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 as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 1,398,926	$ -	$ -	$ 1,398,926
Mutual funds	84,713,967	-	-	84,713,967
SDBA	5,771,464	-	-	5,771,464
Total assets in the fair value hierarchy	91,884,357	-	-	91,884,357
Investment measured at NAV [(a)]	-	-	-	616,175,246
Investments at fair value	$ 91,884,357	$ -	$ -	$ 708,059,603

	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
SDBA	3,625,634	-	-	3,625,634
Total assets in the fair value hierarchy	63,807,955	-	-	63,807,955
Investment measured at NAV [(a)]	-	-	-	478,223,813
Investments at fair value	$ 63,807,955	$ -	$ -	$ 542,031,768

NOTE 4 – Fair Value Measurements (Continued)

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the NAV per Share Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2025 and 2024, respectively.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Investment Trust:				
IVY MID CAP GROWTH C	$ 586,759	N/A	Daily	None
GG TRP STABLE VAL S	1,789,704	N/A	Daily	None
PUTN LG CP VAL TR IA	5,673,922	N/A	Daily	None
CB INTL GROWTH S1	300,847	N/A	Daily	None
VANGUARD TARGET INC	1,250,171	N/A	Daily	None
VANGUARD TARGET 2020	2,570,128	N/A	Daily	None
VANGUARD TARGET 2025	12,061,333	N/A	Daily	None
VANGUARD TARGET 2030	32,351,902	N/A	Daily	None
VANGUARD TARGET 2035	50,553,675	N/A	Daily	None
VANGUARD TARGET 2040	68,787,889	N/A	Daily	None
VANGUARD TARGET 2045	104,224,216	N/A	Daily	None
VANGUARD TARGET 2050	120,657,994	N/A	Daily	None
VANGUARD TARGET 2055	109,377,319	N/A	Daily	None
VANGUARD TARGET 2060	73,102,185	N/A	Daily	None
VANGUARD TARGET 2065	28,376,466	N/A	Daily	None
VANGUARD TARGET 2070	4,510,736	N/A	Daily	None
	$ 616,175,246			

NOTE 4 – Fair Value Measurements (Continued)

Investments Measured Using the NAV per Share Practical Expedient (Continued)

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Investment Trust:				
Ivy Mid Cap Growth C	$ 476,853	N/A	Daily	None
GG Trp Stable Val S	1,932,659	N/A	Daily	None
Putnam Lg Cp Val Tr Ia	4,181,033	N/A	Daily	None
CB Intl Growth S1	162,748	N/A	Daily	None
Vanguard Target Inc	1,342,066	N/A	Daily	None
Vanguard Target 2020	2,284,504	N/A	Daily	None
Vanguard Target 2025	10,209,242	N/A	Daily	None
Vanguard Target 2030	29,529,922	N/A	Daily	None
Vanguard Target 2035	41,596,043	N/A	Daily	None
Vanguard Target 2040	56,321,060	N/A	Daily	None
Vanguard Target 2045	85,154,535	N/A	Daily	None
Vanguard Target 2050	95,499,113	N/A	Daily	None
Vanguard Target 2055	82,098,735	N/A	Daily	None
Vanguard Target 2060	48,367,635	N/A	Daily	None
Vanguard Target 2065	17,502,070	N/A	Daily	None
Vanguard Target 2070	1,565,595	N/A	Daily	None
	$ 478,223,813			

NOTE 5 – Fully Benefit-Responsive Group Annuity Contract

The Plan invests in a fully benefit-responsive group annuity contract with Empower Annuity Insurance Company of America (Empower) that provides a general account guarantee and a stated rate of return. The contract had a fair value of $7,312,111 and $9,373,744 at December 31, 2025 and 2024, respectively. 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 issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 5 – Fully Benefit-Responsive Group Annuity 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 by Fidelity, 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 $1,130,324, which was not covered by revenue sharing. The Plan also made a direct payment of $469,196 for third-party administration, investment advisory, and accounting services. The plan sponsor pays directly certain other fees related to the Plan's operations.

The fee credit account totaled $657 and 144,642 at December 31, 2025 and 2024, respectively. For the year ended December 31, 2025, $150,129 of funds from the fee credit account were used to offset administrative expenses.

NOTE 7 – Plan Termination

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

NOTE 8 – Tax Status

On June 30, 2020, the IRS stated that the non-standardized pre-approved profit-sharing plan adopted by the Plan, as then designed, qualifies under Section 401(a) 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.

PDS HEALTH 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 33-0681491
PLAN 001

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP*	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP* and PTE** 2002-51
(1)	$ 35,835	$ -	$ 35,835	$ -	$ -
	$ 35,835	$ -	$ 35,835	$ -	$ -

* Voluntary Fiduciary Correction Program
** Prohibited Transaction Exemption

(1) Contributions transferred late during the 2024 plan year. Lost earnings were restored to the Plan in February and March 2025.

PDS HEALTH 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 33-0681491
PLAN 001

Identity of Issuer	Description of Investment	Current Value
* FIDELITY STIF	Interest-Bearing Cash	$ 212,357
VANG VMMR-FED MMKT	Interest-Bearing Cash	1,186,569
		1,398,926
PUTNAM SM CAP GR R6	Mutual Fund	258,223
HARBOR CAP APP RET	Mutual Fund	10,566,826
BLKRK HLTH SCI OPP K	Mutual Fund	1,894,299
BAIRD CORE PLUS INST	Mutual Fund	447,840
MFS MID CAP VALUE R6	Mutual Fund	819,245
AF NEW WORLD R6	Mutual Fund	901,247
VICTORY S SM CO OP I	Mutual Fund	563,441
BLKRK INFL PRO BD K	Mutual Fund	318,408
* FID US BOND IDX	Mutual Fund	1,805,848
* FID 500 INDEX	Mutual Fund	54,760,759
* FID MID CAP IDX	Mutual Fund	3,566,838
* FID REAL ESTATE IDX	Mutual Fund	959,635
* FID SM CAP IDX	Mutual Fund	3,355,986
* FID INTL INDEX	Mutual Fund	4,495,372
		84,713,967
IVY MID CAP GROWTH C	Collective Investment Trust	586,759
GG TRP STABLE VAL S	Collective Investment Trust	1,789,704
PUTN LG CP VAL TR IA	Collective Investment Trust	5,673,922
CB INTL GROWTH S1	Collective Investment Trust	300,847
VANGUARD TARGET INC	Collective Investment Trust	1,250,171
VANGUARD TARGET 2020	Collective Investment Trust	2,570,128
VANGUARD TARGET 2025	Collective Investment Trust	12,061,333
VANGUARD TARGET 2030	Collective Investment Trust	32,351,902

PDS HEALTH 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 33-0681491
PLAN 001
(Continued)

Identity of Issuer	Description of Investment	Current Value
VANGUARD TARGET 2035	Collective Investment Trust	50,553,675
VANGUARD TARGET 2040	Collective Investment Trust	68,787,889
VANGUARD TARGET 2045	Collective Investment Trust	104,224,216
VANGUARD TARGET 2050	Collective Investment Trust	120,657,994
VANGUARD TARGET 2055	Collective Investment Trust	109,377,319
VANGUARD TARGET 2060	Collective Investment Trust	73,102,185
VANGUARD TARGET 2065	Collective Investment Trust	28,376,466
VANGUARD TARGET 2070	Collective Investment Trust	4,510,736
		616,175,246
* Fidelity Self-Directed Brokeragelink Accounts	Non-Interest Bearing Cash, Interest-Bearing Cash, Common Stock, Corporate Bonds, Preferred Stock, options, rights/warrants, and Registered Investment Companies	5,771,464
Empower Fixed Income Investment Option	Group Annuity Contract	7,312,111
* Notes receivable from participants	4.25% - 9.50%	17,713,955
		$ 733,085,669

* Party-in-interest

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2026 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PDS Health 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 dba PDS Health

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	[signature]	10/8/26	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

PDS HEALTH 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 33-0681491
PLAN 001

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VANGUARD TARGET 2030	Collective Investment Trust	32,351,902

PDS HEALTH 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 33-0681491
PLAN 001
(Continued)

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VANGUARD TARGET 2050	Collective Investment Trust	120,657,994
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VANGUARD TARGET 2070	Collective Investment Trust	4,510,736
		616,175,246
* Fidelity Self-Directed Brokeragelink Accounts	Non-Interest Bearing Cash, Interest-Bearing Cash, Common Stock, Corporate Bonds, Preferred Stock, options, rights/warrants, and Registered Investment Companies	5,771,464
Empower Fixed Income Investment Option	Group Annuity Contract	7,312,111
* Notes receivable from participants	4.25% - 9.50%	17,713,955
		$ 733,085,669

* Party-in-interest