# 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 6047(e), 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GLIDEWELL LABORATORY RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 04/01/1997

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
JAMES R. GLIDEWELL DENTAL CERAMICS, INC

4141 MAC ARTHUR BLVD
NEWPORT BEACH, CA 92660

**2b** Employer Identification Number (EIN)
95-2743032

**2c** Sponsor's telephone number
800-440-2717

**2d** Business code (see instructions)
339900

**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. | 08/08/2011 | STEPHENIE GODDARD |
| | **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 (if same as plan sponsor, enter "Same")
JAMES R. GLIDEWELL DENTAL CERAMICS, INC

4141 MAC ARTHUR BLVD
NEWPORT BEACH, CA 92660

**3b** Administrator's EIN
95-2743032

**3c** Administrator's telephone number
800-440-2717

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

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 2388 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 2346 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 257 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 2603 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 2604 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1393 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 25 |
| **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 3D 2T 2S

**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)** | | 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)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

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

OMB No. 1210-0110

**2010**

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GLIDEWELL LABORATORY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
JAMES R. GLIDEWELL DENTAL CERAMICS, INC

**D** Employer Identification Number (EIN)
95-2743032

## 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

FINANCIAL NETWORK INVEST CORP
2010 MAIN STREET, SUITE 1220
IRVINE, CA 92614

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

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

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

ASCENSUS

11-3665754

| (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? |
|---|---|---|---|---|---|---|
| 15 37 50 60 99 | RECORD KEEPER | 22605 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

FINANCIAL NETWORK INVEST CORP

2010 MAIN STREET, SUITE 1220
IRVINE, CA 92614

| (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? |
|---|---|---|---|---|---|---|
| 33 61 63 | BROKERAGE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

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

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

**(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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN CENTURY INVESTMENTS<br>4500 MAIN STREET<br>KANSAS CITY, MO 64111 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 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. |
|---|---|
| AMERIPRISE FINANCIAL<br>70100 AMERIPRISE FINANCIAL CENTER<br>MINNEAPOLIS, MN 55474 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 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. |
|---|---|
| CAPITAL RESEARCH AND MANAGEMENT CO<br><br>95-1411037 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 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. |
|---|---|
| MAINSTAY<br>169 LACKAWANNA AVE.<br>PARSIPPANY, NJ 07054 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 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. |
|---|---|
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 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. |
|---|---|
| PRUDENTIAL<br><br>22-3703799 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 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 FUNDS<br>127 PUBLIC SQUARE<br>CLEVELAND, OH 44114 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN CENTURY INVESTMENTS<br>4500 MAIN STREET<br>KANSAS CITY, MO 64111 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 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. |
|---|---|
| AMERIPRISE FINANCIAL<br>70100 AMERIPRISE FINANCIAL CENTER<br>MINNEAPOLIS, MN 55474 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 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. |
|---|---|
| CAPITAL RESEARCH AND MANAGEMENT CO<br><br>95-1411037 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 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. |
|---|---|
| MAINSTAY<br>169 LACKAWANNA AVE.<br>PARSIPPANY, NJ 07054 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 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. |
|---|---|
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 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. |
|---|---|
| PRUDENTIAL<br><br>22-3703799 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FINANCIAL NETWORK INVEST CORP | 33 63 | 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 FUNDS 127 PUBLIC SQUARE CLEVELAND, OH 44114 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE 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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GLIDEWELL LABORATORY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
JAMES R. GLIDEWELL DENTAL CERAMICS, INC

**D** Employer Identification Number (EIN)
95-2743032

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1929 | 2202 |
| **(2)** Participant contributions | 1b(2) | 38576 | 43924 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2899002 | 2740320 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 1147685 | 1250252 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 18671052 | 22267423 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 22758244 | 26304121 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 22758244 | 26304121 |

## 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) | 126699 | |
| **(B)** Participants | 2a(1)(B) | 2665513 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 19498 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2811710 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 38 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 51136 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 51174 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 338897 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 338897 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2014915 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5216696 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1576310 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1576310 |
| **f** Corrective distributions (see instructions) | 2f | | 71904 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 22605 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 22605 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1670819 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 3545877 |
| **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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: KSJG (2) EIN: 95-2743032

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **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 | | 2000000 |
| **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? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# 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 section 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

**2010**

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GLIDEWELL LABORATORY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
JAMES R. GLIDEWELL DENTAL CERAMICS, INC

**D** Employer Identification Number (EIN)
95-2743032

## 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): 45-0404698

**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 of 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 ..... **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **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 item 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 items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Kushner ■ Smith ■ Joanou ■ Gregson

KSJG

CERTIFIED PUBLIC ACCOUNTANTS

# GLIDEWELL LABORATORY
# RETIREMENT PLAN

**Financial Statements**
**and**
**Supplementary Information**
**For the Years Ended December 31, 2010 and 2009**
**(With Independent Auditor's Report Thereon)**

Kushner, Smith, Joanou & Gregson, LLP
Licensed by the California Board of Accountancy, Member of AICPA
8105 Irvine Center Drive ■ Suite 1000 ■ Irvine, California 92618 ■ (949) 261-2808 ■ Fax: (949) 261-0188
www.ksjgcpa.com

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Kushner ■ Smith ■ Joanou ■ Gregson

KSJG

CERTIFIED PUBLIC ACCOUNTANTS

# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Glidewell Laboratory Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of the Glidewell Laboratory Retirement Plan (the Plan) as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Frontier Trust Company, the custodian of the Plan's assets, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kushner, Smith, Joanou & Gregson, LLP

July 19, 2011

Kushner, Smith, Joanou & Gregson, LLP
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**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Statements of Net Assets Available for Benefits**
**December 31, 2010 and 2009**

## ASSETS

| | 2010 | 2009 |
|---|---|---|
| Receivables: | | |
| Participant contributions (Note 7) | $ 43,924 | $ 38,576 |
| Employer contributions (Note 7) | 2,202 | 1,929 |
| Notes receivable from participants | 1,250,252 | 1,147,685 |
| Total receivables | 1,296,378 | 1,188,190 |
| Investments at fair value (Notes 2, 3 and 4): | | |
| Interest bearing cash | 2,740,320 | 2,899,002 |
| Registered investment companies | 22,267,423 | 18,671,052 |
| Total investments | 25,007,743 | 21,570,054 |
| Total assets | 26,304,121 | 22,758,244 |

## LIABILITIES

| | | |
|---|---|---|
| Corrective distributions payable (Note 7) | 39,398 | 71,904 |
| Net assets available for benefits | $ 26,264,723 | $ 22,686,340 |

See accompanying notes to financial statements

**GLIDEWELL LABORATORY**
**RETIREMENT SAVINGS PLAN**

**Statements of Changes in Net Assets Available for Benefits**
**For the Years Ended December 31, 2010 and 2009**

| | 2010 | 2009 |
|---|---|---|
| Additions to net assets attributed to: | | |
| Contributions: | | |
| Employer | $ 126,699 | $ 122,993 |
| Participants | 2,665,513 | 2,561,347 |
| Other | 19,498 | 56,886 |
| Total contributions | 2,811,710 | 2,741,226 |
| Interest income on notes receivable from participants | 51,136 | 45,488 |
| Investment income: | | |
| Net investment gain from investments (Note 3) | 2,014,915 | 3,714,057 |
| Dividend income | 338,897 | 332,901 |
| Interest income | 38 | 3,252 |
| Total investment income | 2,353,850 | 4,050,210 |
| Total additions | 5,216,696 | 6,836,924 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 1,598,915 | 970,871 |
| Corrective distributions | 39,398 | 71,904 |
| Total deductions | 1,638,313 | 1,042,775 |
| Net increase in assets | 3,578,383 | 5,794,149 |
| Net assets available for benefits: | | |
| Beginning of year | 22,686,340 | 16,892,191 |
| End of year | $ 26,264,723 | $ 22,686,340 |

See accompanying notes to financial statements

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**December 31, 2010 and 2009**

## NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Glidewell Laboratory Retirement Plan (the Plan) is provided for general information purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering U.S. based employees of James R. Glidewell Dental Ceramics, Inc. and Challenger, LLC (the Companies) who are twenty-one years of age and have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on April 1, 1997, and most recently amended on January 1, 2011.

**Contributions** - Participants' contributions are made to the Plan by means of a salary deferral agreement under which the participant is entitled to defer the lesser of 50% of their compensation or a fixed amount determined annually by the Internal Revenue Service (IRS). The Companies, at their option, may make discretionary matching contributions. For the years ended December 31, 2010 and 2009, the Companies have matched voluntary participant contributions at a rate of 5.0%. For the years ended December 31, 2010 and 2009, discretionary matching contributions, net of forfeitures, were $126,699 and $122,993, respectively.

**Participant Accounts** - Each participant's account is credited with the participant's contribution, and the Companies' matching contribution. Allocations are based upon participant wages, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested interest in their account.

**Investments** - Each participant directs the allocation of his or her contribution and employer matching contributions to one or more of twenty-three investment options.

**Notes Receivable from Participants** - The Plan allows participants to borrow up to 50% of their vested account balances, up to $50,000. The loan repayment period must be no more than five years. All loans bear an interest rate between 1% - 10% per annum. Home loans can be repaid over a reasonable period of time that may exceed five years, up to a maximum of thirty years.

(Note 1 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 1 - DESCRIPTION OF PLAN (Continued)

**Vesting** - Participants are fully vested and entitled to receive their full account balance upon retirement, disability or death. Normal retirement date is the date at which the participant reaches 65 years of age. Participants who terminate employment other than by retirement, disability or death will be entitled to all of their contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. The employer's contributions vest according to the following schedule:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 years | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 years | 100% |

**Forfeited Accounts** - Participants terminating employment with the Companies will forfeit any nonvested employer matching contributions. Forfeitures may be used to reduce employer matching contributions. At December 31, 2010 and 2009, forfeited nonvested accounts totaled $17,618 and $8,881, respectively. Forfeitures used to reduce employer matching contributions totaled $6,849 and $5,167 during the years ended December 31, 2010 and 2009, respectively.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation** - The financial statements have been prepared in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Basis of Accounting** - The financial statements of the Plan are prepared under the accrual method of accounting.

**Notes Receivable From Participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

(Note 2 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

**Investment Valuation and Income Recognition -** Investments are reported at fair 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. 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/ (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Use of Estimates -** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Administrative Expenses** - Expenses incurred in the administration of the Plan are paid by the Companies at their discretion. Expenses not paid by the Companies are charged to and paid by the participants of the Plan.

**Risks and Uncertainties -** The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investments securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

**FASB Codification -** The Financial Accounting Standards Board (FASB) sets generally accepted accounting principles (GAAP) that the Plan follows to ensure consistent reporting of financial condition, results of operations, and cash flows. In June 2009, the FASB established the FASB Accounting Standards Codification (Codification) as the sole source of authoritative GAAP.

(Note 2 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

**FASB Codification (Continued) -** The Codification does not change how the Plan accounts for its transactions or the nature of the related disclosures made. The change was made effective by the FASB for periods ending on or after September 15, 2009. The adoption of the Codification did not impact the Plan's financial position and results of operations. The Plan has updated these financial statements to reflect the guidance in the Codification.

**Reclassifications** - The financial statements for the year ended December 31, 2009 reflect certain reclassifications, which have no effect on net assets available for benefits, to conform to classifications adopted at December 31, 2010.

**Subsequent Events** - The Plan evaluated subsequent events through July 19, 2011, the date these financial statements were issued. Material subsequent events that required recognition or additional disclosure in these financial statements are as follows:

- The Plan was amended to include a safe harbor provision, which requires mandatory matching contributions from the Plan Sponsor.

## NOTE 3 - INVESTMENTS

The following participant directed accounts as of December 31, 2010 and 2009 are summarized as follows:

| | | 2010 | 2009 |
|---|---|---|---|
| Investments greater than five percent of the Plan's net assets: | | | |
| American Funds | American Balanced Fund | $ 2,867,137 | $ 2,460,929 |
| American Funds | EuroPacific Growth Fund | 4,516,275 | 4,253,767 |
| American Funds | Growth Fund of America | 5,561,089 | 5,038,977 |
| American Funds | Money Market Fund | 2,739,423 | 2,899,002 |
| American Funds | Washington Mutual Investors Fund | 3,674,186 | 3,132,285 |
| PIMCO | Total Return Fund | 2,071,652 | 1,443,304 |
| | | 21,429,762 | 19,228,264 |
| Aggregate of investments less than five percent of the Plan's net assets: | | 3,577,981 | 2,341,790 |
| | | $ 25,007,743 | $ 21,570,054 |

(Note 3 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 3 - INVESTMENTS (Continued)

During the years ended December 31, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

| | 2010 | 2009 |
|---|---|---|
| Registered investment companies | $ 2,014,915 | $ 3,714,057 |

## NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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:<br>• quoted prices for similar assets or liabilities in active markets;<br>• quoted prices for identical or similar assets or liabilities in inactive markets;<br>• inputs other than quoted prices that are observable for the asset or liability;<br>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.<br><br>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. |

(Note 4 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

| | |
|---|---|
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Interest bearing cash:* Valued at market value of corresponding currency at year end.

*Registered investment companies (Mutual funds)*: Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's investments at fair value as of December 31, 2010 and 2009:

| | ***Investments at Fair Value as of December 31, 2010*** | | | |
|---|---|---|---|---|
| | *Level 1* | *Level 2* | *Level 3* | *Total* |
| Mutual funds: | | | | |
| Balanced funds | $ 4,026,001 | $ -- | $ -- | $ 4,026,001 |
| Fixed income funds | 2,071,652 | -- | -- | 2,071,652 |
| Domestic funds | 11,026,689 | -- | -- | 11,026,689 |
| International funds | 5,143,081 | -- | -- | 5,143,081 |
| Total mutual funds | 22,267,423 | -- | -- | 22,267,423 |
| Interest bearing cash | 2,740,320 | -- | -- | 2,740,320 |
| Total investments at fair value | $ 25,007,743 | $ -- | $ -- | $ 25,007,743 |

(Note 4 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

| | *Investments at Fair Value as of December 31, 2009* | | | |
|---|---|---|---|---|
| | *Level 1* | *Level 2* | *Level 3* | *Total* |
| Mutual funds: | | | | |
| Balanced funds | $ 3,171,062 | $ -- | $ -- | $ 3,171,062 |
| Fixed income funds | 1,443,304 | -- | -- | 1,443,304 |
| Domestic funds | 9,332,217 | -- | -- | 9,332,217 |
| International funds | 4,724,469 | -- | -- | 4,724,469 |
| Total mutual funds | 18,671,052 | -- | -- | 18,671,052 |
| Interest bearing cash | 2,899,002 | -- | -- | 2,899,002 |
| Total investments at fair value | $ 21,570,054 | $ -- | $ -- | $ 21,570,054 |

## NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Frontier Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009.

- Net appreciation in fair value of investments, interest and dividends reflected on the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009.

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have 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 that the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, so that each participant receives 100% of his or her account balance as of the date of the termination.

## NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the total contributions received per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Total contributions received per the financial statements | $ 2,811,710 | $ 2,741,226 |
| Less: Current year contributions receivable | -- | -- |
| Add: Prior year contributions receivable | -- | 55,670 |
| Total contributions received per the Form 5500 | $ 2,811,710 | $ 2,796,896 |

The following is a reconciliation of the corrective distributions per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Total corrective distributions per the financial statements | $ 39,398 | $ 71,904 |
| Less: Current year corrective distributions payable | (39,398) | (71,904) |
| Add: Prior year corrective distributions payable | 71,904 | 44,431 |
| Total corrective distributions per the Form 5500 | $ 71,904 | $ 44,431 |

(Note 7 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the total net assets per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Total net assets per the financial statements | $ 26,264,723 | $ 22,686,340 |
| Add: Current year corrective distributions payable | 39,398 | 71,904 |
| Total net assets per the Form 5500 | $ 26,304,121 | $ 22,758,244 |

## NOTE 8 - TAX STATUS

The Plan is a Prototype Profit Sharing Plan that is sponsored by American Funds Distributors, Inc. The Prototype plan obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan is subject to routine audits by the Internal Revenue Service; however there were no open examinations at December 31, 2010. The Plan is no longer subject to tax examinations for years prior to 2007.

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Supplementary Information**
**December 31, 2010**

Schedule of Assets Held for Investment Purposes at End of Year
EIN #95-2743032
PN #002

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | **Identity of issue, borrower, lessor, or similar party** | **Description of investment including maturity date, rate of interest, collateral, par or maturity value** | **Cost** | **Current Value** |
| | American Funds | 2010 Target Date Retirement Fund | $ 8,660 | $ 9,191 |
| | American Funds | 2015 Target Date Retirement Fund | 35,476 | 38,981 |
| | American Funds | 2020 Target Date Retirement Fund | 188,923 | 208,901 |
| | American Funds | 2025 Target Date Retirement Fund | 148,959 | 170,156 |
| | American Funds | 2030 Target Date Retirement Fund | 117,573 | 130,840 |
| | American Funds | 2035 Target Date Retirement Fund | 96,840 | 111,496 |
| | American Funds | 2040 Target Date Retirement Fund | 173,444 | 194,302 |
| | American Funds | 2045 Target Date Retirement Fund | 123,624 | 136,989 |
| | American Funds | 2050 Target Date Retirement Fund | 129,085 | 146,968 |
| | American Funds | 2055 Target Date Retirement Fund | 10,686 | 11,040 |
| | American Funds | American Balanced Fund | 2,685,552 | 2,867,137 |
| | American Funds | Cash | 897 | 897 |

(Schedule 1 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Supplementary Information**
**December 31, 2010**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Funds | EuroPacific Growth Fund | 4,023,843 | 4,516,275 |
| | American Funds | Growth Fund of America | 4,928,844 | 5,561,089 |
| | American Funds | Money Market Fund | 2,739,423 | 2,739,423 |
| | American Funds | Small Cap World Fund | 534,217 | 626,806 |
| | American Funds | Washington Mutual Investors Fund | 3,768,245 | 3,674,186 |
| | Columbia | Mid Cap Value Fund | 298,855 | 343,204 |
| | Dreyfus | Mid Cap Index Fund | 187,832 | 192,555 |
| | Dreyfus | Small Cap Stock Index Fund | 130,493 | 218,902 |
| | Mainstay | Mainstay S&P 500 Index Fund | 346,533 | 386,569 |
| | PIMCO | Total Return Fund | 2,114,178 | 2,071,652 |
| | Prudential Jennison | MidCap Growth | 322,439 | 358,918 |
| | Victory | Small Company Opportunity Fund | 293,450 | 291,266 |
| | Total Investments | | 23,408,071 | 25,007,743 |
| * | Notes receivable from participants | Interest Rates 1% to 10% | -- | 1,250,252 |
| | Total assets held for investment purposes at end of year | | $ 23,408,071 | $ 26,257,995 |

* - Party-in-interest as defined by ERISA for which a statutory exemption exists.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: GLIDEWELL LABORATORY RETIREMENT PLAN

Plan Number: 004945

Broker Dealer: Financial Network Invest Corp

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus | Formula used to determine 12b-1 Compensation to Broker Dealer |
|---|---|---|---|
| AAHTX | American Funds 2045 TDate A | 10 basis points | 25 basis points |
| ABALX | American Funds Amer Balanced Fund A | 12 dollars per fund position | 25 basis points |
| AWSHX | American Funds Wash Mutual Invstr A | 12 dollars per fund position | 25 basis points |
| AGTHX | American Funds Growth Fnd of Amer A | 12 dollars per fund position | 25 basis points |
| AEPGX | American Funds EuroPacific Growth A | 12 dollars per fund position | 25 basis points |
| MSXAX | Mainstay S&P 500 Index A | 25 basis points | 25 basis points |
| TWVAX | American Century Vista Fund A | 25 basis points | 25 basis points |
| SMCWX | American Funds SMALLCAP World Fund A | 12 dollars per fund position | 25 basis points |
| CMUAX | Columbia Mid Cap Value Fund A | 25 basis points | 25 basis points |
| PESPX | Dreyfus Mid-Cap Index Fund | N/A | N/A |
| SSGSX | Victory Small Company Opportunity | 25 basis points | 25 basis points |
| CTAXX | American Funds Cash Mgmt Trust A | 12 dollars per fund position | N/A |
| AALTX | American Funds 2050 TDate A | 10 basis points | 25 basis points |
| PEEAX | Prudential Jennison MidCap Gr A | 25 basis points | 25 basis points |
| AAGTX | American Funds 2040 TDate A | 10 basis points | 25 basis points |
| AAFTX | American Funds 2035 TDate A | 10 basis points | 25 basis points |
| AAETX | American Funds 2030 TDate A | 10 basis points | 25 basis points |
| AADTX | American Funds 2025 TDate A | 10 basis points | 25 basis points |
| AACTX | American Funds 2020 TDate A | 10 basis points | 25 basis points |
| AABTX | American Funds 2015 TDate A | 10 basis points | 25 basis points |
| AAATX | American Funds 2010 TDate A | 10 basis points | 25 basis points |
| AFAXX | American Funds Money Market A | 12 dollars per fund position | N/A |
| PTTAX | PIMCO Total Return Fund A | 20 basis points | 25 basis points |

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: GLIDEWELL LABORATORY RETIREMENT PLAN

Plan Number: 004945

Broker Dealer: Financial Network Invest Corp

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus | Formula used to determine 12b-1 Compensation to Broker Dealer |
|---|---|---|---|
| AAMTX | American Funds 2055 Tdate Fd A | 10 basis points | 25 basis points |
| DISSX | Dreyfus Small Cap Stock Index Fund | N/A | N/A |

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description - Additional Fee Notes

Plan Name: GLIDEWELL LABORATORY RETIREMENT PLAN

Plan Number: 004945

Broker Dealer: Financial Network Invest Corp

American Funds

American Funds A-share upfront compensation (all equity, target date, and bond funds):

- -$1M to $4M = 1.00%
- -$4M through $10M = 0.50%
- -$10M and over = 0.25%

Seligman/RiverSource

Seligman/Riversource/Columbia Funds pay finder's fees for class A shares @ NAV (no annual reset):

- -$1M to $4M = 1.00%
- -$4M through $50M = 0.50%
- -$50M and over = 0.25%

Kushner ■ Smith ■ Joanou ■ Gregson

KSJG

CERTIFIED PUBLIC ACCOUNTANTS

# GLIDEWELL LABORATORY
# RETIREMENT PLAN

**Financial Statements**
**and**
**Supplementary Information**
**For the Years Ended December 31, 2010 and 2009**
**(With Independent Auditor's Report Thereon)**

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Kushner ■ Smith ■ Joanou ■ Gregson

KSJG

CERTIFIED PUBLIC ACCOUNTANTS

# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Glidewell Laboratory Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of the Glidewell Laboratory Retirement Plan (the Plan) as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Frontier Trust Company, the custodian of the Plan's assets, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kushner, Smith, Joanou & Gregson, LLP

July 19, 2011

Kushner, Smith, Joanou & Gregson, LLP
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**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Statements of Net Assets Available for Benefits**
**December 31, 2010 and 2009**

## ASSETS

| | 2010 | 2009 |
|---|---|---|
| Receivables: | | |
| Participant contributions (Note 7) | $ 43,924 | $ 38,576 |
| Employer contributions (Note 7) | 2,202 | 1,929 |
| Notes receivable from participants | 1,250,252 | 1,147,685 |
| Total receivables | 1,296,378 | 1,188,190 |
| Investments at fair value (Notes 2, 3 and 4): | | |
| Interest bearing cash | 2,740,320 | 2,899,002 |
| Registered investment companies | 22,267,423 | 18,671,052 |
| Total investments | 25,007,743 | 21,570,054 |
| Total assets | 26,304,121 | 22,758,244 |

## LIABILITIES

| | | |
|---|---|---|
| Corrective distributions payable (Note 7) | 39,398 | 71,904 |
| Net assets available for benefits | $ 26,264,723 | $ 22,686,340 |

See accompanying notes to financial statements

**GLIDEWELL LABORATORY**
**RETIREMENT SAVINGS PLAN**

**Statements of Changes in Net Assets Available for Benefits**
**For the Years Ended December 31, 2010 and 2009**

| | 2010 | 2009 |
|---|---|---|
| Additions to net assets attributed to: | | |
| Contributions: | | |
| Employer | $ 126,699 | $ 122,993 |
| Participants | 2,665,513 | 2,561,347 |
| Other | 19,498 | 56,886 |
| Total contributions | 2,811,710 | 2,741,226 |
| Interest income on notes receivable from participants | 51,136 | 45,488 |
| Investment income: | | |
| Net investment gain from investments (Note 3) | 2,014,915 | 3,714,057 |
| Dividend income | 338,897 | 332,901 |
| Interest income | 38 | 3,252 |
| Total investment income | 2,353,850 | 4,050,210 |
| Total additions | 5,216,696 | 6,836,924 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 1,598,915 | 970,871 |
| Corrective distributions | 39,398 | 71,904 |
| Total deductions | 1,638,313 | 1,042,775 |
| Net increase in assets | 3,578,383 | 5,794,149 |
| Net assets available for benefits: | | |
| Beginning of year | 22,686,340 | 16,892,191 |
| End of year | $ 26,264,723 | $ 22,686,340 |

See accompanying notes to financial statements

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**December 31, 2010 and 2009**

## NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Glidewell Laboratory Retirement Plan (the Plan) is provided for general information purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering U.S. based employees of James R. Glidewell Dental Ceramics, Inc. and Challenger, LLC (the Companies) who are twenty-one years of age and have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on April 1, 1997, and most recently amended on January 1, 2011.

**Contributions** - Participants' contributions are made to the Plan by means of a salary deferral agreement under which the participant is entitled to defer the lesser of 50% of their compensation or a fixed amount determined annually by the Internal Revenue Service (IRS). The Companies, at their option, may make discretionary matching contributions. For the years ended December 31, 2010 and 2009, the Companies have matched voluntary participant contributions at a rate of 5.0%. For the years ended December 31, 2010 and 2009, discretionary matching contributions, net of forfeitures, were $126,699 and $122,993, respectively.

**Participant Accounts** - Each participant's account is credited with the participant's contribution, and the Companies' matching contribution. Allocations are based upon participant wages, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested interest in their account.

**Investments** - Each participant directs the allocation of his or her contribution and employer matching contributions to one or more of twenty-three investment options.

**Notes Receivable from Participants** - The Plan allows participants to borrow up to 50% of their vested account balances, up to $50,000. The loan repayment period must be no more than five years. All loans bear an interest rate between 1% - 10% per annum. Home loans can be repaid over a reasonable period of time that may exceed five years, up to a maximum of thirty years.

(Note 1 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 1 - DESCRIPTION OF PLAN (Continued)

**Vesting** - Participants are fully vested and entitled to receive their full account balance upon retirement, disability or death. Normal retirement date is the date at which the participant reaches 65 years of age. Participants who terminate employment other than by retirement, disability or death will be entitled to all of their contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. The employer's contributions vest according to the following schedule:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 years | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 years | 100% |

**Forfeited Accounts** - Participants terminating employment with the Companies will forfeit any nonvested employer matching contributions. Forfeitures may be used to reduce employer matching contributions. At December 31, 2010 and 2009, forfeited nonvested accounts totaled $17,618 and $8,881, respectively. Forfeitures used to reduce employer matching contributions totaled $6,849 and $5,167 during the years ended December 31, 2010 and 2009, respectively.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation** - The financial statements have been prepared in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Basis of Accounting** - The financial statements of the Plan are prepared under the accrual method of accounting.

**Notes Receivable From Participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

(Note 2 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

**Investment Valuation and Income Recognition -** Investments are reported at fair 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. 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/ (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Use of Estimates -** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Administrative Expenses** - Expenses incurred in the administration of the Plan are paid by the Companies at their discretion. Expenses not paid by the Companies are charged to and paid by the participants of the Plan.

**Risks and Uncertainties -** The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investments securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

**FASB Codification -** The Financial Accounting Standards Board (FASB) sets generally accepted accounting principles (GAAP) that the Plan follows to ensure consistent reporting of financial condition, results of operations, and cash flows. In June 2009, the FASB established the FASB Accounting Standards Codification (Codification) as the sole source of authoritative GAAP.

(Note 2 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

**FASB Codification (Continued) -** The Codification does not change how the Plan accounts for its transactions or the nature of the related disclosures made. The change was made effective by the FASB for periods ending on or after September 15, 2009. The adoption of the Codification did not impact the Plan's financial position and results of operations. The Plan has updated these financial statements to reflect the guidance in the Codification.

**Reclassifications** - The financial statements for the year ended December 31, 2009 reflect certain reclassifications, which have no effect on net assets available for benefits, to conform to classifications adopted at December 31, 2010.

**Subsequent Events** - The Plan evaluated subsequent events through July 19, 2011, the date these financial statements were issued. Material subsequent events that required recognition or additional disclosure in these financial statements are as follows:

- The Plan was amended to include a safe harbor provision, which requires mandatory matching contributions from the Plan Sponsor.

## NOTE 3 - INVESTMENTS

The following participant directed accounts as of December 31, 2010 and 2009 are summarized as follows:

| | | 2010 | 2009 |
|---|---|---|---|
| Investments greater than five percent of the Plan's net assets: | | | |
| American Funds | American Balanced Fund | $ 2,867,137 | $ 2,460,929 |
| American Funds | EuroPacific Growth Fund | 4,516,275 | 4,253,767 |
| American Funds | Growth Fund of America | 5,561,089 | 5,038,977 |
| American Funds | Money Market Fund | 2,739,423 | 2,899,002 |
| American Funds | Washington Mutual Investors Fund | 3,674,186 | 3,132,285 |
| PIMCO | Total Return Fund | 2,071,652 | 1,443,304 |
| | | 21,429,762 | 19,228,264 |
| Aggregate of investments less than five percent of the Plan's net assets: | | 3,577,981 | 2,341,790 |
| | | $ 25,007,743 | $ 21,570,054 |

(Note 3 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 3 - INVESTMENTS (Continued)

During the years ended December 31, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

| | 2010 | 2009 |
|---|---|---|
| Registered investment companies | $ 2,014,915 | $ 3,714,057 |

## NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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:<br>• quoted prices for similar assets or liabilities in active markets;<br>• quoted prices for identical or similar assets or liabilities in inactive markets;<br>• inputs other than quoted prices that are observable for the asset or liability;<br>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.<br><br>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. |

(Note 4 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

| | |
|---|---|
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Interest bearing cash:* Valued at market value of corresponding currency at year end.

*Registered investment companies (Mutual funds)*: Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's investments at fair value as of December 31, 2010 and 2009:

| | ***Investments at Fair Value as of December 31, 2010*** | | | |
|---|---|---|---|---|
| | *Level 1* | *Level 2* | *Level 3* | *Total* |
| Mutual funds: | | | | |
| Balanced funds | $ 4,026,001 | $ -- | $ -- | $ 4,026,001 |
| Fixed income funds | 2,071,652 | -- | -- | 2,071,652 |
| Domestic funds | 11,026,689 | -- | -- | 11,026,689 |
| International funds | 5,143,081 | -- | -- | 5,143,081 |
| Total mutual funds | 22,267,423 | -- | -- | 22,267,423 |
| Interest bearing cash | 2,740,320 | -- | -- | 2,740,320 |
| Total investments at fair value | $ 25,007,743 | $ -- | $ -- | $ 25,007,743 |

(Note 4 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

| | *Investments at Fair Value as of December 31, 2009* | | | |
|---|---|---|---|---|
| | *Level 1* | *Level 2* | *Level 3* | *Total* |
| Mutual funds: | | | | |
| Balanced funds | $ 3,171,062 | $ -- | $ -- | $ 3,171,062 |
| Fixed income funds | 1,443,304 | -- | -- | 1,443,304 |
| Domestic funds | 9,332,217 | -- | -- | 9,332,217 |
| International funds | 4,724,469 | -- | -- | 4,724,469 |
| Total mutual funds | 18,671,052 | -- | -- | 18,671,052 |
| Interest bearing cash | 2,899,002 | -- | -- | 2,899,002 |
| Total investments at fair value | $ 21,570,054 | $ -- | $ -- | $ 21,570,054 |

## NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Frontier Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009.

- Net appreciation in fair value of investments, interest and dividends reflected on the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009.

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have 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 that the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, so that each participant receives 100% of his or her account balance as of the date of the termination.

## NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the total contributions received per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Total contributions received per the financial statements | $ 2,811,710 | $ 2,741,226 |
| Less: Current year contributions receivable | -- | -- |
| Add: Prior year contributions receivable | -- | 55,670 |
| Total contributions received per the Form 5500 | $ 2,811,710 | $ 2,796,896 |

The following is a reconciliation of the corrective distributions per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Total corrective distributions per the financial statements | $ 39,398 | $ 71,904 |
| Less: Current year corrective distributions payable | (39,398) | (71,904) |
| Add: Prior year corrective distributions payable | 71,904 | 44,431 |
| Total corrective distributions per the Form 5500 | $ 71,904 | $ 44,431 |

(Note 7 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Notes to Financial Statements**
**(Continued)**
**December 31, 2010 and 2009**

## NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the total net assets per the financial statements to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Total net assets per the financial statements | $ 26,264,723 | $ 22,686,340 |
| Add: Current year corrective distributions payable | 39,398 | 71,904 |
| Total net assets per the Form 5500 | $ 26,304,121 | $ 22,758,244 |

## NOTE 8 - TAX STATUS

The Plan is a Prototype Profit Sharing Plan that is sponsored by American Funds Distributors, Inc. The Prototype plan obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan is subject to routine audits by the Internal Revenue Service; however there were no open examinations at December 31, 2010. The Plan is no longer subject to tax examinations for years prior to 2007.

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Supplementary Information**
**December 31, 2010**

Schedule of Assets Held for Investment Purposes at End of Year
EIN #95-2743032
PN #002

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | **Identity of issue, borrower, lessor, or similar party** | **Description of investment including maturity date, rate of interest, collateral, par or maturity value** | **Cost** | **Current Value** |
| | American Funds | 2010 Target Date Retirement Fund | $ 8,660 | $ 9,191 |
| | American Funds | 2015 Target Date Retirement Fund | 35,476 | 38,981 |
| | American Funds | 2020 Target Date Retirement Fund | 188,923 | 208,901 |
| | American Funds | 2025 Target Date Retirement Fund | 148,959 | 170,156 |
| | American Funds | 2030 Target Date Retirement Fund | 117,573 | 130,840 |
| | American Funds | 2035 Target Date Retirement Fund | 96,840 | 111,496 |
| | American Funds | 2040 Target Date Retirement Fund | 173,444 | 194,302 |
| | American Funds | 2045 Target Date Retirement Fund | 123,624 | 136,989 |
| | American Funds | 2050 Target Date Retirement Fund | 129,085 | 146,968 |
| | American Funds | 2055 Target Date Retirement Fund | 10,686 | 11,040 |
| | American Funds | American Balanced Fund | 2,685,552 | 2,867,137 |
| | American Funds | Cash | 897 | 897 |

(Schedule 1 continued on the following page)

**GLIDEWELL LABORATORY**
**RETIREMENT PLAN**

**Supplementary Information**
**December 31, 2010**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Funds | EuroPacific Growth Fund | 4,023,843 | 4,516,275 |
| | American Funds | Growth Fund of America | 4,928,844 | 5,561,089 |
| | American Funds | Money Market Fund | 2,739,423 | 2,739,423 |
| | American Funds | Small Cap World Fund | 534,217 | 626,806 |
| | American Funds | Washington Mutual Investors Fund | 3,768,245 | 3,674,186 |
| | Columbia | Mid Cap Value Fund | 298,855 | 343,204 |
| | Dreyfus | Mid Cap Index Fund | 187,832 | 192,555 |
| | Dreyfus | Small Cap Stock Index Fund | 130,493 | 218,902 |
| | Mainstay | Mainstay S&P 500 Index Fund | 346,533 | 386,569 |
| | PIMCO | Total Return Fund | 2,114,178 | 2,071,652 |
| | Prudential Jennison | MidCap Growth | 322,439 | 358,918 |
| | Victory | Small Company Opportunity Fund | 293,450 | 291,266 |
| | Total Investments | | 23,408,071 | 25,007,743 |
| * | Notes receivable from participants | Interest Rates 1% to 10% | -- | 1,250,252 |
| | Total assets held for investment purposes at end of year | | $ 23,408,071 | $ 26,257,995 |

* - Party-in-interest as defined by ERISA for which a statutory exemption exists.

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** GLIDEWELL LABORATORY RETIREMENT PLAN **EIN:** 95-2743032
**Plan Sponsor's Name** JAMES R. GLIDEWELL DENTAL CERAMICS, INC **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | American Funds | American Funds Amer Balanced Fund A | 0 | 2,867,137 |
| | American Funds | American Funds Wash Mutual Invstr A | 0 | 3,674,186 |
| | American Funds | American Funds Growth Fnd of Amer A | 0 | 5,561,090 |
| | American Funds | American Funds EuroPacific Growth A | 0 | 4,516,276 |
| | American Funds | Mainstay S&P 500 Index A | 0 | 386,569 |
| | American Funds | American Funds SMALLCAP World Fund A | 0 | 626,805 |
| | Columbia | Columbia Mid Cap Value Fund A | 0 | 343,204 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Dreyfus | Dreyfus Mid-Cap Index Fund | 0 | 192,555 |
| | Victory | Victory Small Company Opportunity | 0 | 291,266 |
| | Dreyfus | Dreyfus Small Cap Stock Index Fund | 0 | 218,902 |
| | American Funds | American Funds 2050 TDate A | 0 | 146,968 |
| | American Funds | American Funds 2045 TDate A | 0 | 136,989 |
| | American Funds | American Funds 2040 TDate A | 0 | 194,302 |
| | American Funds | American Funds 2035 TDate A | 0 | 111,495 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | American Funds | American Funds 2030 TDate A | 0 | 130,840 |
| | American Funds | American Funds 2025 TDate A | 0 | 170,156 |
| | American Funds | American Funds 2020 TDate A | 0 | 208,901 |
| | American Funds | American Funds 2015 TDate A | 0 | 38,981 |
| | American Funds | American Funds 2010 TDate A | 0 | 9,191 |
| | American Funds | American Funds Money Market A | 0 | 2,739,423 |
| | PIMCO | PIMCO Total Return Fund A | 0 | 2,071,652 |

## Attachment to 2010 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | American Funds | American Funds 2055 Tdate Fd A | 0 | 11,040 |
| | Prudential | Prudential Jennison MidCap Gr A | 0 | 358,918 |
| | Participants Loan Account | Various Rates And Maturities | 0 | 1,250,252 |
| | Frontier Trust Company | Contribution Account | 0 | 897 |
| | | | | |
| | | | | |
| | | | | |