Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	uance will	Title instructions to the Form 330	U-OF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011		
Α .	This return/report is for: $\overline{f X}$ a single-employer plan $oxedsymbol{f \Box}$	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В .	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program	n	
	special extension (enter description	on)		_			
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
KEND	DRICK DENTAL LABORATORY, INC. 401(K) PROFIT SHARING PL	_AN			plan number		
					(PN) •	. 001	
				10	Effective date of 01/01/2	•	
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identifi		
KENI	DRICK DENTAL LABORATORY, INC.				(EIN) 59-302		
				2c	Sponsor's teleph		
	BOX 1249			0.1	850-962		
SOP	CHOPPY, FL 32358			2a	Business code (s 62121	,)
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	<u>,")</u>	3b /	Administrator's E		
	DRICK DENTAL LABORATORY, INC. P.O. BOX 12: SOPCHOPP	49	,		59-302	29357	
	SUPCHUPP	T, FL 3233	0	3c /	Administrator's to 850-962		er
4	If the name and/or EIN of the plan sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b			
_	name, EIN, and the plan number from the last return/report.			40	DN		
	Sponsor's name			4c	PN T		
	Total number of participants at the beginning of the plan year				5a		
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the promplete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of			,		V voc □	NIa
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use F.		,			X Yes	No
Pa	irt III Financial Information	01111 0000-	or and must mistead use roim 55				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor	_
a	Total plan assets	. 7a	66927		(b) Ella	67919	_
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	66927			67919	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal	
а	Contributions received or receivable from:		, ,		` ,		
	(1) Employers		0	_			
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	992			200	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				992	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	0				
g	Other expenses	. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				992	
j	Transfers to (from) the plan (see instructions)	8j	0				

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Plan Characteristics

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9a 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 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250.3-102? (See instructions and OLUS Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	-	During the plan year:		Yes	No		Amo	unt	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	а						Aiiio	unt	
on line 10a)	_				Х				
on line 10a)	b				X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		on line 10a.)	10b						
or dishonesty?. Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). It has the plan failed to provide any benefit when due under the plan? By Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?	10c		X				
instructions). f Has the plan failed to provide any benefit when due under the plan? (See instructions). g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e	X					377
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 55500)). 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.	f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h as answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. If 10h as answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. If 2 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 55500)). 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 letter ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a waiver of the minimum required contribution for this plan year. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the the minimum required contributed by the employer to the plan for this plan year. If you completed line 12a, complete plan to this plan year. If you completed waiver in the minimum funding amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). If 2b If 2c If 2b If 2c If 2b If 2c If 3a Bas a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If yes No If "Yes," enter the amount of any plan assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? 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 from this plan to another plan(s), identify the	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
if If the was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Art VI			.09						
art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))		2520.101-3.)	10h		X				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) I st his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the waiver. Month Day Year Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. I b Enter the minimum required contribution for this plan year. 12b 12c 12c 12c 12c 12d 12d 12d 12d	i		10i						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)	art	VI Pension Funding Compliance							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the waiver	1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П	Yes	No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the waiver.	2							Yes	X No
b Enter the minimum required contribution for this plan year		If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.	ıth						-
C Enter the amount contributed by the employer to the plan for this plan year	-				12h				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				-	120				
Art VII Plan Terminations and Transfers of Assets 3a Has a resolution to terminate the plan been adopted in any plan year? Yes X No	u	· · · · · · · · · · · · · · · · · · ·			12d				
Plan Terminations and Transfers of Assets 3a Has a resolution to terminate the plan been adopted in any plan year? Yes," enter the amount of any plan assets that reverted to the employer this year 13a	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	о П	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	art	VII Plan Terminations and Transfers of Assets							
If "Yes," enter the amount of any plan assets that reverted to the employer this year	<u></u>	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							<u>I</u>		
C 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co			П	Yes	
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s	С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t						L	
	1			13	c(2) E	IN(s)	1	3c(3) F	N(s)
caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.					· /				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/17/2012	JANET CULBERTSON
HERE	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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	page 1	1/01/2			12/31/20	11
A			employer plan (not multie	mployer)	a one-partic	pant plan
В	This return/report is:	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less t	han 12 mont	ths)	
C	Check box if filing under: 🛛 Form 5558	automatic	extension		DFVC progr	am
	special extension (enter description	n)				
Pa	irt II Basic Plan Information—enter all requested informa	ation				
	Name of plan			11	b Three-digit plan number	
	KENDRICK DENTAL LABORATORY, INC. 401(K)	PROFIT			(PN)	001
	SHARING PLAN			1	C Effective date	
					01/01/200	
	Plan sponsor's name and address; include room or suite number (er KENDRICK DENTAL LABORATORY, INC.	mployer, if	for a single-employer plan) 2	2b Employer Ideni (EIN) 59-30:	ification Number
	RENDRICK DENIAL LABORATORI, INC.				2c Sponsor's tele	
				1	(850) 962	
	P.O. BOX 1249			1	2d Business code	(see instructions)
	SOPCHOPPY		FL 3 2358		621210	
3a	Plan administrator's name and address (if same as plan sponsor, er ${\sf SAME}$	nter "Same	")	1	3b Administrator's	EIN
					3c Administrator's	telephone number
	· · · · · · · · · · · · · · · · · · ·					
4	If the name and/or EIN of the plan sponsor has changed since the language. EIN, and the plan number from the last return/report.	ast return/r	eport filed for this plan, en	ter the	1b EIN	
а	Sponsor's name			4	4c PN	
-5a	Total number of participants at the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	5a	3
b	Total number of participants at the end of the plan year				5b	4
С	Number of participants with account balances as of the end of the p	lan year (d	defined benefit plans do no	t .		2
-	complete this item)				5c	
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a					X Yes No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use	Form 5500	<u> </u>	
_	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of	Year 66,927	(b) En	67,919
a	Total plan assets	7a	<u> </u>	00,921		01,919
b	Total plan liabilities	7b 7c		66,927		67,919
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	00,521	(h)	Total
a	Contributions received or receivable from:		(a) Amount		(6)	1 9181
	(1) Employers	8a(1)		0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
b	Other income (loss)	8b		992		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				992
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses.	8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	81				992
i	Transfers to (from) the plan (see instructions)	8i		0		

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Par	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 2T 3D	cteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	terist	ic Cod	es in th	ne instructions:
Part	V Compliance Questions				
10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х		377
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)	10h		Х	
ì	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
Part	VI Pension Funding Compliance				
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp5500))				Mary Mary
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of 1	ERISA? Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver				
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		
b	Enter the minimum required contribution for this plan year,			12b	
C	Enter the amount contributed by the employer to the plan for this plan year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		L	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******			Yes No N/A
Part	VII Plan Terminations and Transfers of Assets				- was
13a	Has a resolution to terminate the plan been adopted in any plan year?			□ Y	res X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder	the co	ontrol	Yes X No

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

of the PBGC?.....

13c(1) Name of plan(s):

C 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.)

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Juny Cueseila	9-1-12	Janet Culbertson
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Caret Cubertan	9-1-12	Janel Cul Bentson
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor