Terrent Reverse Sarried       This count is counted to be lifed under associance 104 and 4065 of the Employee Retirement income Sociation Act of 1974 (ERSA), not sections 6057(b) and 6058(a) of the Internal Reverse Code (the Code).       This Form is Open to Public Inspection         Part I       Annual Report Identification Information       a single-employer plan       and ending       223/2015         Part I       Annual Report Identification Information       and ending       223/2015       Internationa         For calendar plan year 2015 or fiscal plan year beginning       0.101/2015       and ending       223/2015         A       This return/report is       a one-participant plan       a multiple-employer plan (multiple)yee/(Filers checking this box must attach a list of participating employer information in accordance with the form instructions)         B       This return/report is       a one-participant plan       a bort plan year 2015 of fiscal plan year 2016 (multiple)       DEVC program         Special extension (entor description)       Part III       Basic Plan Informationenter all requested information       1       The reduit plan number       0.001         24       Plan sponsor's name (employer, if for a single-employer plan)       a single-employer plan       2       Employee Retification Number (EN)       2       Employee Retification Number 306-304-1820         23       Plan sponsor's name of plan       Superemployer (flor a single-employer plan)       1	Form	5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089	
Description         Description         Interesting 42 (ENSA), and sections 6057(b) and 6058(a) of the Internal Revenue Codu (the Codu).         This Form is Open to Part I. Annual Report (data international codu (the Codu).         This Form is Open to Part I. Annual Report (data international codu (the Codu).         This Form is Open to Part I. Annual Report (data international codu (the Codu).         This Form is Open to Part I. Annual Report (data international codu (the Codu).           For calendar plan year 2015 of fixed plan year beginning of 100/2015         an ending 120/2015         an ending 120/2015           A This return/report is a one-participant plan a non-participant plan a					Retirement 2015				
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A       This return/report is for: <ul> <li>a one-participant plan</li> <li>a forelign tigg employer information in accordance with the form instructions)</li> <li>a toreign plan</li> <li>a toreign plan</li> <li>b ending to the first return/report</li> <li>a short plan year return/report (sess than 12 months)</li> </ul> <li>C Check box if filing under:</li> <li>Form 5658</li> <li>automatic extension</li> <li>pspool extension (retur description)</li> <li>Part II</li> <li>Basic Plan Information — enter all requested information</li> <li>If the return/report is a short plan year return/report (sess than 12 months)</li> <li>C Check box if filing under:</li> <li>Form 5658</li> <li>automatic extension</li> <li>Part II</li> <li>Basic Plan Information — enter all requested information</li> <li>If D</li> <li>Three-cigit plan number</li> <li>Context box if filing under:</li> <li>Go 1</li> <li>C Elective date of plan</li> <li>GO 1</li> <li>C Elective date of plan</li> <li>C Check box if filing under:</li> <li>Go 1</li> <li>C Elective date of plan</li> <li>GO 1</li> <li>C Elective date of plan</li> <li>C Elective date of plan number</li> <li>Super Plan Coll context and address</li> <li>Seeme as Plan Sponsor.</li> <li>C Elective date of plan number</li> <li>C Coll coll coll coll coll coll coll col</li>				5	and ending 12	2/31/2015			
an amended return/report       a short plan year return/report (jess than 12 months)         C Check box if filing under:       prom 5558       automatic extension       DFVC program         Part II.       Basic Plan Information—-nere all requested information       1       Three-digit plan sponsor's name (employer, if for a single-employer plan)         SUPERFEET WORLDWIDE 401(K) PLAN       1       Three-digit plan number (PN) > 001       1C Effective date of plan 01/1/1968         2a Plan sponsor's name (employer, if for a single-employer plan)       Maling address (include room, spt, suite no. and street, or P.O. Box)       2b Employer Identification Number (PN) > 0.01/11/1968         2uPERFEET WORLDWIDE, NO.       2b Employer Identification Number (PN) > 0.01/11/1968       2c Sponsor's telephone number 380-384-1820         2uPERFEET WORLDWIDE, NO.       3c Administrator's EIN       3c Administrator's EIN         3a Plan administrator's name and address []Same as Plan Sponsor.       3b Administrator's telephone number 180 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.       3b Administrator's telephone number 150 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.       3c Administrator's telephone number 150 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 will be assessed unless reasonable cause is established.	A This return/report is for:				plan (not multiemployer)	(Filers che	-		
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complete this item)       3C       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       10         d(2) Total number of active participants at the end of the plan year       5d(2)       8         e       Number of participants that terminated employment during the plan year with accrued benefits that were less       5e       5e         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, 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.         SIGN       Filed with authorized/valid electronic signature.       04/22/2016       LAVONNE OLSEN         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						5b		103	
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e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Total number of active participants at the beginning of the plan year					5d(1)		101	
than 100% vested					5d(2)		81		
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.          SIGN       Filed with authorized/valid electronic signature.       04/22/2016       LAVONNE OLSEN         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date	than 100% vested					5e		1	
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.         SIGN HERE       Filed with authorized/valid electronic signature.       04/22/2016       LAVONNE OLSEN         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								able a Schedule	
SIGN HERE         Filed with authorized/valid electronic signature.         04/22/2016         LAVONNE OLSEN           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	SB or Schedule	MB completed and	signed by an enrolled actuary, as w						
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 Filed			04/22/2016	LAVONNE OLSEN				
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	Sig	nature of plan adr	ninistrator	Date	Enter name of individ	ninistrator			
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201								Form 5500-SF (2015)	

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and mus								
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							No Not determined	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
а	Total plan assets	7a	(,: j	3438				3713876	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		3438058			3713876		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		50925					
	(2) Participants	8a(2)		406	015				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		21	970				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						478910	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		191	107				
	Certain deemed and/or corrective distributions (see instructions)	8e			237				
	Administrative service providers (salaries, fees, commissions)	8f			748				
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						203092	
	Net income (loss) (subtract line 8h from line 8c)	8i						275818	
j									
Part IV Plan Characteristics									
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterist         2E       2F       2G       2J       2K       2T       3D					stic Co	des in	the instructions:		
В						ne instructions:			
Par	V Compliance Questions								
10					Yes	No	N/A	Amount	
а	<ul><li>a Was there a failure to transmit to the plan any participant contributions within the time period</li></ul>								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction			10a		х			
b	<ul><li>Program)</li><li>b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions</li></ul>			IVa					
	reported on line 10a.)			10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х			500000	
d	<b>d</b> 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			
е	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			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	Х			17542	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		x			
i	<ul> <li>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</li> </ul>			10i		<u> </u>			
j	j Did the plan trust incur unrelated business taxable income?			10j					

Part	VI Pension Funding Compliance	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIS
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Form 5500-SF 2015

Page **3** - 1

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a 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							
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year								
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s) 13c(3) P			PN(s)	
Part	VIII	Trust Information	-					
14a	Name	e of trust		14b	Trusťs E	IN		
14c Name of trustee or custodian				<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	<b>15a</b> Is the plan a 401(k) plan?					No		
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>					Design- based safe harbor method		ADP/ACP test	
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio percentage test		erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No		
17a Has the plan been timely amended for all required tax law changes?			Ye	es	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instruction for tax law changes and codes).								
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18	B Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				Yes			
<b>19</b> Were in-service distributions made during the plan year?					es	No		
If "Yes," enter amount								
20						No	N/A	